
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

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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 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. osteoporosis

2. anxiety

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. SANDRA JONES**, age 57, who is new to your practice.

CASE DESCRIPTION

Introduction

You are Ms. **SANDRA JONES**, age 57, and work as a forklift truck driver in a furniture supply warehouse. You broke your wrist and had a compression fracture of your mid-back nine months ago. Your wrist has been slow to recover in spite of therapy. The orthopedic surgeon you saw initially suggested that you might have “thin bones” and advised you to see a family physician (FP) about this problem. Your former FP retired several months ago, and you have not had a chance to deal with this issue before now.

History of the problems

OSTEOPOROSIS

Nine months ago, you were descending from your lift truck and had a misstep. You reached out with your right hand to prevent a fall and suffered an extension-type injury to your wrist. You thought it was only a minor strain at the time, but you went to the emergency department at the insistence of your safety officer at work. You noticed mid-back pain a few hours after the wrist injury while you were waiting to be seen in the emergency department. You had a wrist and a chest X-ray examination and were told you that you had a compression fracture of a vertebra in your mid-back, along with a Colles’ fracture of the wrist.

Your wrist was treated with closed reduction and casting in the emergency department. You received a referral to an orthopedic specialist with whom you had a follow-up appointment a week later. He believed the emergency physician’s reduction was correct and that full healing could be expected so no operation was recommended. Your back did hurt quite a lot for a few weeks, but it has since settled down and you no longer are using the ibuprofen you received for pain control.

You had regular follow-up care with the specialist. After the cast was removed at four weeks, it was replaced with a Velcro splint and physiotherapy was commenced to restore function.

You have been on modified duty at work since a month after your injury. Currently you do inventory and review safety manuals for half a day, five days a week. You attend physiotherapy the other half-days.

Recovery has been slow, with ongoing mild to moderate wrist pain and reduced range of movement. You have tried everything the physiotherapist has recommended, and you are regularly performing your home exercises and stretches. Despite this, nothing is making your wrist better. You find this very frustrating. The orthopedist did say at the first appointment that your bones looked “a bit thin” on the X-ray films, and because of this break as well as the minor “crunch” fracture of your spine, you should follow up with your FP. Because your FP retired this spring, you had no one who could address this matter; the specialist stated that he dealt only with broken bones and that the thin ones were the FP’s responsibility to treat.

Your latest functional testing during physiotherapy was two weeks ago. It did not go too well. You still have quite limited grip strength, and it is painful to use the simulated steering wheel apparatus and levers that the physiotherapist has set up to assess your capacity to return to your job. You are

worried that this may mean you cannot go back to your regular job. You love driving the forklift truck because you get to whiz around the plant and socialize with all your workmates regularly. They like to see you coming by to load or unload merchandise and you take pride in being the best driver in the fleet. When the company sponsored an interplant competition for forklift truck driver skill testing last summer, you were the top driver in the area and the prize was a long weekend in Niagara Falls at a posh hotel. For you and your husband, this was the honeymoon you never had, and it is a wonderful memory.

ANXIETY

For the past few months, ever since you went back to accommodated work, you have felt more and more restless. You are glad to be at work, but with the unfamiliar tasks and so much to learn, you just feel edgy all the time. Lately, those old feelings of worry you had in school have begun to resurface.

You have always been nervous about testing and evaluations. You didn't do so well in school and dropped out after grade 10 because it was just so stressful to write exams. You felt that you could understand topics in class well enough, but any time you had a quiz you just froze up and drew a blank. This started in grade 8. Sometimes you would tell your mother you had bad period pains just so you didn't have to take a quiz. The teacher spoke to your parents about your in-class nervousness during tests and how you frequently missed quizzes. They sent you to see the school counsellor, and she recommended holding you back a year. This didn't seem to help. By grade 10, you were experiencing episodes where, just before a quiz, you had to go to the bathroom to throw up or have loose bowel movements. Your hands shook and you were "a mess." You made it through grade 10, just barely, but by this time you were 18 and felt you never wanted to go through such an ordeal again.

Your recent anxiety was compounded when your younger child, **SOPHIA JONES**, age 29, asked if you could help out with her two children. Sophia became pregnant at age 16 and had two children by age 18. For years she struggled to find low-paying jobs and was just scraping by. This situation changed recently when she was able to take a few night courses and get her GED; now she has qualified for a better-paying job. This will allow her to provide better for her two children. She will also have more opportunity to find a lower-cost apartment in a smaller town. However, pursuing such opportunities required her to move.

In order to support Sophia in this new endeavour, you agreed to keep her two children, **BILLY WILSON**, age 12, and **JEANNIE WILSON**, age 10, at your home until she is established and can arrange a school transfer for the children. You have been trying to help Billy and Jeannie with their schoolwork and "it seems so much harder the way they teach stuff these days." You feel as if teachers expect parents to do all the teaching at home and all they do is administer tests. Both Billy and Jeannie are good kids, but they are struggling in school. You have found these past months of being at home stressful enough, and now you are having the same anxiety helping the grandkids prepare for their exams as you had when you were a student. Now, with this, in addition to your worry about your pending return-to-work case conference, you are beginning to feel overwhelmed.

The physiotherapist commented the other day that you have an upcoming case management meeting with her, the workers' compensation board (WCB), and the office human resources manager to sort out the next steps in your recovery. The physiotherapist said she was leaning toward

recommending a permanent job change to administrative duties to accommodate your wrist difficulties. You see her point, but you know that the only opening at work is the reception desk job that will be vacant due to the pending retirement of the current receptionist, who has been there for 25 years. You have been feeling a bit overwhelmed already with all the computer stuff you have had to learn in order to do the inventory job and feel unprepared and quite apprehensive about taking on the receptionist job; duties for that position also involve scheduling and preparing shipping orders. You would be on the computer constantly and you are always intimidated by the finicky nature of filling in spreadsheets and worry that a mistake could lead you to mess up a big order and get in trouble with your boss. You are not very good at spelling, either, and when you submitted your review on the safety material you updated recently, the receptionist was upset with how hard it was to understand what you had written. She commented on your spelling mistakes and how even the computer spell-check program had trouble with your grammar and spelling.

Your sleep is terrible, and you just feel exhausted constantly. You have been waking up in a sweat and your dreams are all filled with recollections of failing exams. Your hands shake when you are preoccupied with thoughts of how you are going to handle everything on your plate. You are really concerned about the prospect of having to go to a new job that you don't feel confident about performing well. What with that and the lack of rest from your poor sleep and struggling to understand the grandkids' homework and coach them through their worries about school and moving—well, it's all just too much. You are shaking all the time, and your bowel movements are loose and frequent. You have been snapping at your husband over the smallest things and you have never been that way before. What can you do?

You felt so unwell the other day because of tingling in your arms and a pounding heart that you went to the emergency department. The physician did a thorough work-up with electrocardiography (ECG) and several blood tests. He told you that you had no heart problems, and you were likely "just anxious." He said that since this had lasted so long you should follow up with your FP for further help, and so here you are.

You have never been formally diagnosed with a mental health problem and you have no thoughts of self-harm and no homicidal thoughts.

Medical history

You are G2, P2, A0. You had gestational diabetes and one cesarean (C-section) delivery. You have had a tubal ligation and experienced perimenopause between ages 40 and 42. Your last period was at age 42.

You had a rib fracture two years ago.

You have never been diagnosed with an eating disorder or a thyroid disorder.

Medications

You are taking no medications. While you used to take evening primrose oil, you stopped years ago. You take no vitamins.

Pertinent laboratory results

A recent emergency department work-up for chest pain was negative, with a normal ECG and lab findings.

Allergies

You have no allergies.

Immunizations

Immunizations are up to date.

Lifestyle issues

- Tobacco: You have smoked one pack of cigarettes a day for 40 years.
- Alcohol: You drink one to two glasses of beer a week. You have had no issues with abuse in the past.
- Caffeine: You drink six cups of coffee a day.
- Cannabis: You smoke marijuana occasionally.
- Recreational and/or other substances: You use no illicit drugs.
- Diet: You gave up dairy products in high school because they seemed to bother your already frequently upset stomach.
- Exercise and recreation habits: You have no formal exercise program.

Family history

Your father, **GERALD SMITH**, is 82 and has type 2 diabetes and controlled hypertension.

Your mother, **ESTHER SMITH**, is 82 with controlled depression. She also has osteoporosis and has had a fractured hip.

Your brothers, **FRED SMITH**, age 62, and **SAM SMITH**, age 61, are well. Your sister, **JEAN PATTERSON**, age 59, recently suffered a fracture to her ribs from a fall.

Personal history

- **Family of Origin**

You grew up on a farm and were accustomed to using your physical abilities much more than your scholastic abilities. You drove tractors at age six to help out on the farm, and by the time you were 10, you could back up the hay wagon better than any of the other farmhands.

Your parents live just an hour outside of town and you and your family visit them regularly and stay at the old farmhouse. Your father still keeps part of the farm active. This is more a pastime than regular work, however, as he sold off the main part of the farm 10 years ago to “retire.”

In the past, your mother struggled a bit with depression, but in the past decade the pressures of keeping the farm afloat financially have been reduced, and she has been much better. Now she just takes pills regularly to control her symptoms. She had a hip fracture from a fall in the kitchen about 10 years ago. It was fixed with an operation, and she was told to take calcium pills daily for her weak bones.

Jean and your two older brothers moved away years ago, but you keep in regular touch by phone and have a good relationship with them. Jean fell recently and had some “cracked” ribs, so you have been talking with her more regularly to commiserate. All your siblings and their families meet during Thanksgiving each year at the old farm home.

- **Marriage/Partnerships**

When you were 21, you met **GEORGE JONES**, who is now age 58. This was a couple of years after you had begun working for a local long-haul trucking firm. He was a good-looking guy, but the first time you met he commented that trucking wasn’t “women’s work” and that he’d had never met a “lady driver” who could handle a big rig. Initially you were quite offended, and you challenged him to a competition backing up the tractor trailer to the loading bay at work to see who could line up the truck and get closest to the dock the fastest. He was completely outmatched by you, and he knew from your indignant manner that he had better try to make it up to you. He tried for several weeks to convince you he was “only joking about lady drivers,” but you weren’t going to let him off the hook that easily. Nevertheless, eventually you relented; during all the back-and-forth teasing, you found yourselves attracted to each other and eventually began to date. With the long-haul work, it took two years for the relationship to mature to the point where you were engaged and married, but you have had a good relationship since you married 34 years ago. You enjoy each other’s company, and after your children had set out on their own, and especially after Sophia had gained some maturity, there was a lovely interval in your life “when things were quite settled.”

Sexual intimacy with George was always enjoyable, but a couple of years when you went through perimenopause at age 40 or so were difficult. You talked about this a lot with your mother and sister, and they had similar experiences; their support was invaluable. Your FP wasn’t keen on prescribing hormone replacement therapy for you, so you “stuck it out” with evening primrose oil and natural supplements. Fortunately, menopause was brief, and you haven’t had a period since you were 42. You had regular Pap tests, and they were always normal.

- **Children**

Your first pregnancy with **ADAM**, who is now 30, was a breeze, and you had an easy labour and delivery. You and George discussed the possibility of having a second child; to your surprise, even though you were breastfeeding, you became pregnant two months after Adam was born. You “didn’t know what was happening” and were so surprised when your FP told you that you were pregnant. This pregnancy was the polar opposite of the first. Morning sickness started early and kept you off work longer than you expected. Then, after the morning sickness had settled, your FP was concerned because your blood sugar was getting high. You had what he called “gestational” diabetes, and he recommended that you start taking insulin right away. This was a major stressor for you because you couldn’t do commercial driving with new-onset diabetes. You had no sick benefits through work and you and George struggled financially. With a new baby, the added costs of insulin and all the medical supplies were a challenge, but George was supportive and worked longer hours to make up for some of the financial loss.

You tried your best to keep your blood sugar levels under control and did not have any other major issues during the second pregnancy. At term, your physician “thought the baby was big,” so you were referred to a specialist. She felt your FP was right and that you might need a C-section to deliver. This turned out to be the case and all went well.

Before the delivery, you and George had discussed some form of contraception because you really didn’t want more than two children. You had decided to have a tubal ligation at the time of the C-section. George said he felt he should have a vasectomy because you had gone through so much already, but you told him that would keep both of you off work for a time and you just couldn’t afford it. The specialist did the tubal ligation at the time of the C-section. There were no complications. Shortly after the delivery, your blood sugar levels returned to a normal range, and you stopped needing the insulin.

Currently, you have a good relationship with both Adam and Sophia, although you wish Sophia had been like Adam and had settled down earlier. Adam was a good student, and right after high school he attended the local technical college and took a plumbing course. He did well and, shortly after, he moved to Alberta to work in the oil fields. He is doing well financially and calls regularly. This always cheers you up.

Education and work history

As a teenager, you talked to your parents about your fears in facing exams. Your dad, a farmer all his life, said some people just weren’t cut out for books and maybe that was how you were. Your mother said that she had the same problem in school, but it was easier back in those days since most rural folks didn’t finish high school. You therefore left school after grade 10 and did not attempt to earn a GED.

Your dad had a friend with a small business that provided instruction and certification for people to drive big trucks. He felt that since you had good driving abilities, this could lead to a good job. There was one-on-one teaching, and his friend could administer the test for you to get your class 1 driver ticket, so it would not be like a school exam. You leapt at this opportunity and have never regretted your decision to leave school. In four short months you had your class 1 license and a job in a local long-haul trucking firm.

You have been a forklift truck driver for your current company for the past 24 years, ever since you needed to take a break from your previous heavy-haul trucking job to have your two children. Once

they were school aged, you needed to return to work to help with the family finances, and the long-haul trucking job “was not a good gig” for both you and George to continue, what with the irregular hours and time away from home. To have a consistent parental presence at home, you decided to take on a new job as a forklift truck driver at a local warehouse. This position offered regular day-shift hours, medical benefits, and paid vacation time. The company is non-unionized. Your husband continued as a long-haul trucker, and this has worked out well personally and financially for you both. You have had a near-perfect attendance record at work except for two years ago when you had a chest cold and cracked a rib from coughing. Your chest was so sore that you had to miss 10 days of work.

Since your most recent injuries, you have had accommodated duties at the warehouse. You are doing inventory updates and reviewing safety training materials to ensure they are in line with current regulations and practices. You can’t stand the paperwork side of your accommodated work. It’s fine to go about and do inventory since you can still connect with all your workmates, but you loathe being “bound to a desk” for most of the workday. However, it does keep a paycheque coming in and allows you to meet your obligation to cooperate with WCB stay-at-work/return-to-work requirements—but, even so, George has had to take on some extra work to help with the family finances. Although you would like to consider retirement someday, it isn’t possible for at least another six or seven years—especially if you don’t get back to full-time work following this injury.

All of your coworkers keep asking when you are going to get back on the lift and do your real job. You miss that job, but you know that right now you just can’t do the frequent wrist movements required to perform that work.

Finances

Your finances are stable. You and George own one side of a duplex and hope to have the mortgage paid off in five years. You were also hoping to buy the other side of the duplex as an investment for the future, but the decreased income since your accident has derailed these plans. You hope to return to regular work soon, so you don’t lose the opportunity to purchase the duplex before someone else beats you “to the punch.”

Social supports

Your parents live close by, and you see them often. Your friends **JIM** and **BETTY ROBINSON** live in the other half of the duplex. You and Betty talk all the time and she is a solid friend whom you trust completely. She knows you have been becoming more anxious recently and thinks you should “do something” to deal with your edginess and constant worry.

Religion

You have no particular religious faith.

ACTING INSTRUCTIONS

You are dressed casually, to reflect your blue-collar socioeconomic status. You wear a wedding band (if you have one); if you don't, you can explain that usually you don't wear it because of work and put it on only for special occasions.

You are a fairly forthright person and answer questions freely. You do not use medical terminology in communicating. General terms such as "heart tests" and "blood tests" are more likely to be in your lexicon. You refer to your husband as a long-haul trucker who is a strong support but is often away for days at a time due to his work. Although you are feeling overwhelmed by the multiple stressors currently, you do not have any flashbacks or what you would call nightmares— more "just unpleasant" dreams.

You do not notice any unusual swelling in your hands and there are no trophic changes, allodynia, or vascular symptoms in your hand. You are more concerned that the loss in function will probably necessitate a job change rather than any problem with pain. Your main concerns are about the thinning of your bones and whether you can recover enough to return to the forklift driving job you love.

You **FEEL** frustrated at the prolonged recovery from your injury. Your **IDEA** is that you are concerned regarding having to change jobs. The impact on your **FUNCTION** from this injury is considerable in that you need to change to a new job—one that is causing you worry. You **EXPECT** the FP to suggest treatments to help with this.

You **FEEL** a bit anxious about the pending case management meeting. Your **IDEA** is that you felt that way when you had exams in school. You don't want the anxiety to affect your **FUNCTION** in your work and your personal life. You **EXPECT** the FP to provide some help for you to get through the upcoming case management meeting. You are happy to accept counselling or medication, or to have the physician act as an advocate for you with your employer.

Cast of Characters

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

SANDRA JONES:	The patient, age 57, a forklift truck driver with osteoporosis and anxiety.
GEORGE JONES:	Sandra's husband, age 58.
ADAM JONES:	Sandra and George's son, age 30.
SOPHIA JONES:	Sandra and George's daughter, age 29.
GERALD SMITH:	Sandra's father, age 82.
ESTHER SMITH:	Sandra's mother, age 82.
FRED SMITH:	Sandra's brother, age 62.
SAM SMITH:	Vivienne's former FP, who lives in a different province and is now retired.
JEAN PATTERSON:	Sandra's sister, age 59.
BILLY WILSON:	Sophia's son, age 12.
JEANNIE WILSON:	Sophia's daughter, age 10.
JIM ROBINSON:	Sandra and George's next-door neighbour and friend.
BETTY ROBINSON:	Sandra and George's next-door neighbour and friend.

Timeline

1 week from today:	Case management interview.
Today:	Appointment with the candidate.
2 weeks ago:	Functional capacity test.
8 months ago:	Given modified duties at work.
9 months ago:	Injury at work.
10 years ago:	Granddaughter born.
12 years ago:	Grandson born.
15 years ago:	Became menopausal.
24 years ago:	Began current job as a forklift truck driver.
29 years ago:	Sophia born.
30 years ago:	Adam born.
34 years ago:	Married George.
36 years ago:	Met George.
38 years ago:	Began trucking work.
39 years ago:	Left high school after grade 10.
57 years ago:	Born.

Examiner Interview Flow Sheet - Prompts

Initial statement	“The specialist told me I needed to follow up with you.”
10 minutes remaining* Optional, use only if you feel it’s needed	If the candidate has not addressed the issue of anxiety, the following prompt must be said: “Doctor, I’m just feeling so anxious all the time.”
7 minutes remaining* Optional, use only if you feel it’s needed	If the candidate has not addressed the issue of osteoporosis, the following prompt must be said: “Will my bones keep breaking so easily?”
0 minutes remaining	“Your time is up.”

* To avoid interfering with the flow of the interview, remember that the seven- and 10-minute 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.