THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

Overview of SOO
Structure and Marking

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SPRING 2023

SIMULATED OFFICE ORAL #1

The Certification Examination of The College of Family Physicians of Canada is designed to evaluate the diverse knowledge, attitudes, and skills required by practising family physicians (FPs). The evaluation is guided by the four principles of family medicine.[1]

The Short Answer Management Problems (SAMPs), the written component, are designed to test medical knowledge, problem-solving skills, and clinical reasoning. The Simulated Office Orals (SOOs), the oral component, are designed to evaluate candidates' abilities to establish effective relationships with their patients by using active communication skills. Together, the two instruments evaluate a balanced sample of the clinical content of family medicine as set out in the **Assessment Objectives for Certification in Family Medicine.<**NB – hyperlink in place>

The College believes that FPs who use a patient-centred approach[2] <NB – hyperlink in place> meet patients' needs more effectively. The SOOs marking scheme reflects this belief. The marking scheme is based on the patient-centred clinical method, developed by the Centre for Studies in Family Medicine at the University of Western Ontario. The essential principle of the patient-centred clinical method is the integration of the traditional disease-oriented approach (whereby an understanding of the patient's condition is gained through pathophysiology, clinical presentation, history-taking, diagnosis, and treatment) with an appreciation of the illness, or what the disease means to patients in terms of emotional response, their understanding of the disease, and how it affects their lives. Integrating an understanding of the disease and the illness in interviewing, problem-solving, and management is fundamental to the patient-centred approach. This approach is most effective when both the physician and the patient understand and acknowledge the disease and the illness.

In the SOOs, candidates are expected to explore patients' feelings, ideas, and expectations about their situation, and to identify the effect of these on function. Further, candidates are scored on their willingness and ability to involve the patient in the development of a management plan. The emphasis of the SOO is not solely on testing the ability to make a medical diagnosis and then treat it. The SOOs are selected to represent a variety of clinical situations in which communication skills are particularly important in understanding patients and assisting them with their problems. The simulated patient's feelings, ideas, and expectations, as well as an acceptable approach to management, are detailed in the case description and the marking scheme provided to examiners.

[1] The family physician is a skilled clinician. Family medicine is a community-based discipline. The family physician is a resource to a defined practice population. The patient-physicians relationship is central to the role of the family physician.

[2] 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 COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SPRING 2023

SIMULATED OFFICE ORAL #1

RATIONALE

The goal of this Simulated Office Oral (SOO) examination is to test the candidate's ability to deal with a patient who

1. **add text here;**

2. **add text here.**

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

STANDARDIZED INSTRUCTIONS TO CANDIDATES

1. FORMAT

Although during the examination the patient/examiner encounter occurs virtually, the SOO is designed to be a **simulated office situation**, in which a patient/examiner will play the part of the patient seeing the doctor in their office. There will be one or more presenting problems, and you are expected to progress from there. You do not perform a physical examination as part of the encounter.

2. SCORING

You will be scored by the patient/examiner, according to specific criteria established for this case. We advise you not to try to elicit from the examiner information about your marks or performance, and not to speak to him or her "out of role."

3. TIMING

During the examination, timing is shown by two countdown clocks. The station-countdown clock in the blue bar at the top of the screen, displays the time remaining of the whole station (starting from 28 minutes). The segment-countdown clock in the yellow bar changes depending on which of the three sections of the station you are in.

The first SOO station starts when the countdown clock in the yellow bar appears. It will say **READING TIME** and you have **one minute** to review provided patient information (see number 4 below for a sample). At the second and subsequent stations, the READING TIME in the yellow bar starts automatically when you upon transfer to the next virtual encounter.

Following one minute of READING TIME, **15 minutes** is allowed for the patient/examiner encounter. The countdown clock in the yellow bar will say **ASSESSMENT TIME**. You are expected to manage your time as you would with any patient. The examiner will not give any verbal or visual warnings of time remaining. The encounter with the patient/examiner stops immediately at 15 minutes of ASSESSMENT TIME.

The yellow bar will now say **MARKING TIME** but without a segment-countdown clock. If a station starts late (e.g., due to technical sign-on difficulties), marking time is shortened by the length of the delayed start. Thus, a candidate starting a SOO station 5 minutes after everyone else will still see a yellow bar segment-countdown clock of 1 min READING TIME, 15 minutes ASSESSMENT TIME, then MARKING TIME with no yellow bar countdown. The station clock in the blue bar at the top of the screen will show, in this case since it was a five-minute start delay, seven minutes left till the next station as opposed to the usual 12 minutes for this segment.

SPECIAL NOTE

Because the process of problem identification and problem management plays an important part in the score, it is in the best interest of all candidates that they not discuss the case among themselves.

4. THE PATIENT

You are about to meet add text here, age?, who is new to your practice.

CASE DESCRIPTION TEMPLATE

INTRODUCTORY REMARKS

HISTORY OF THE PROBLEM

- Problem #1
- Problem #2

MEDICAL HISTORY

SURGERY

MEDICATIONS

LABORATORY RESULTS

ALLERGIES

IMMUNIZATIONS

LIFESTYLE ISSUES

- Tobacco:
- Alcohol:
- Caffeine:
- Cannabis:
- Illicit / Recreational Drugs:
- Diet:
- Exercise and Recreation:

FAMILY HISTORY

PERSONAL HISTORY

- Family of Origin
- Marriage
- Children

EDUCATION AND WORK HISTORY

FINANCES

SOCIAL SUPPORTS

RELIGION/SPIRITUALITY

ACTING INSTRUCTIONS

Instructions are written according to the patient's feelings, ideas, effect/impact on function, and expectations.

CAST OF CHARACTERS

The name of the characters in the script along with a brief description of their relation to the patient.

The candidate is unlikely to ask for other characters' names. If they do, make them up.

TIMELINE

EXAMINER INTERVIEW FLOW SHEET

INITIAL STATEMENT:

10 MINUTES REMAINING: *	If the candidate has not brought up the issue of add text here, the following prompt must be said: add text here
7 MINUTES REMAINING: *	If the candidate has not brought up the issue of add text here, the following prompt must be said: add text here (This prompt is unlikely to be necessary.)
3 MINUTES REMAINING:	This prompt will be delivered by the system and is not delivered verbally.
0 MINUTES REMAINING:	"Your time is up."

* To avoid interfering with the flow of the interview, remember that the 10- and seven-minute prompts are optional. They should be offered only if necessary to provide clues to the second problem or to help the candidate with management.
In addition, to avoid interrupting the candidate in mid-sentence or disrupting the candidate's reasoning process, delaying the delivery of these prompts momentarily is perfectly acceptable.

NOTE:

If you have followed the prompts indicated on the interview flow sheet, there should be no need to prompt the candidate further during the last three minutes of the interview. During this portion of the interview, you may only clarify points 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% of the bullet points listed under each numbered point in the LEFT-HAND box on the marking scheme.

Distinguishing a "Certificant" from a "Superior Certificant": Exploration of the Illness Experience

While a certificant **must** gather information about the illness experience to gain a better understanding of the patient and his or her problem, a superior performance is not simply a matter of whether a candidate has obtained all the information. A superior candidate **actively explores** the illness experience to arrive at an in-depth understanding of it. This is achieved through the purposeful use of communication skills: verbal and non-verbal techniques, including both effective questioning and active listening. The material below is adapted from the CFPC's document describing evaluation objectives for certification (1). It is intended to be a further guide to assist evaluators in determining whether a candidate's communication skills reflect superior, certificant, or non-certificant performance.

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 without acknowledging when the patient reveals major life or situation changes, such as "I just lost my mother.").
- Clarifies jargon that the patient uses.

Cultural and Age Appropriateness

- Adapts communication to the individual patient for reasons such as culture, age, and disability.

Sample Behaviours

- Adapts the communication style to the patient's disability (e.g., writes for deaf patients).
- Speaks at a volume appropriate for the patient's hearing.
- Identifies and adapts their manner to the patient according to the patient's culture.
- Uses appropriate words for children and teens (e.g., "pee" rather than "void").

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.
- 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 (shows appropriate empathy for the patient).
- Verbally checks the significance of body language/actions/behaviour (e.g., "You seem nervous/upset/uncertain/ in pain.").

Language Skills

Verbal

- Has skills that are adequate for the patient to understand what is being said.
- Is able to converse 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

- 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.

Prepared by: K. J. Lawrence, L. Graves, S. MacDonald, D. Dalton, R. Tatham, G. Blais, A. Torsein, and V. Robichaud for the Committee on Examinations in Family Medicine, College of Family Physicians of Canada, February 26, 2010.

(1) Laughlin T, Wetmore S, Allen T, Brailovsky C, Crichton T, Bethune C, Donoff M and Lawrence K. *Defining competency-based evaluation objectives in family medicine: Communication skills.* Can Fam Phy April 2012, 58 (4) e217-e224

1. IDENTIFICATION:

	ILLNESS EXPERIENCE
Areas to be covered include: 1. 2. 3. 4.	Description of the patient's illness experience.

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.	Inquires about the illness experience to arrive 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 only minimal interest in the illness experience, and so gains little understanding of it. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate cuts the patient off.

2. IDENTIFICATION:

	ILLNESS EXPERIENCE
Areas to be covered include: 1. 2. 3. 4.	Description of the patient's illness experience.

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.	Inquires about the illness experience to arrive 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 only minimal interest in the illness experience, and so gains little understanding of it. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate cuts the patient off.

3. SOCIAL AND DEVELOPMENTAL CONTEXT

CONTEXT IDENTIFICATION	CONTEXT INTEGRATION
Areas to be covered include: 1. 2. 3. 4.	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 the type of statement that a Superior level candidate may make: add text here

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 cuts the patient off.

4. MANAGEMENT:

PLAN	FINDING COMMON GROUND
1. 2. 3. 4.	Behaviours that indicate efforts to involve the patient include: 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.

Superior level	Covers points 1, 2, 3, and 4.	Actively inquires 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.

5. MANAGEMENT:

PLAN	FINDING COMMON GROUND
1. 2. 3. 4.	Behaviours that indicate efforts to involve the patient include: 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.

Superior level	Covers points 1, 2, 3, and 4.	Actively inquires 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 other scoring components address particular aspects of the interview. However, evaluating the interview as a whole is also important. The entire encounter should have a sense of structure and timing, and the candidate should always take a patient-centred approach.

The following are important techniques or qualities applicable to the entire interview:

1. Good direction, with a sense of order and structure.

2. A conversational rather than interrogative tone.

3. Flexibility and good integration of all interview components; the interview should not be piecemeal or choppy.

4. 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.