

---

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<sup>1</sup> 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*

---

<sup>1</sup> 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. malaria
2. concerns about sexually transmitted infection

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 **Mr. PAUL LAMBERT**, age 56, who is new to your practice.

## **CASE DESCRIPTION**

### **Introduction**

You are Mr. **PAUL LAMBERT**, age 56. You have just returned from doing volunteer work in Tanzania and have been having some fever and chills. On your last night in Tanzania, you had a sexual encounter with a local woman. You are married and worried that you may have caught a disease you could transmit to your wife.

You did not wish to visit your own family physician (FP), Dr. **SIMONE JACKSON**, as she is also the FP for the rest of your family, and you are a little worried about the sensitive nature of your problem.

### **History of the problems**

#### **MALARIA**

You are an engineer. Annually for the past six years you have travelled to the interior of Tanzania, to the village of Uvinza. It is outside Kigoma on the shores of Lake Tanganyika. For two months you stay with other Western volunteers in a purpose-built compound near a water treatment plant. The compound has sleeping areas, a cafeteria, and a media room. While you are there, you help build water and sewerage pipelines from the village to the lake, via the appropriate treatment plants. The distance to the lake is approximately 50 km.

Your visits to Tanzania are usually in August and September when the weather is not too hot in the interior. This is not during the rainy season, which occurs from December to April. The malaria risk is greatest during those months; however, the risk is always present, especially as the compound is near a lake and rivers.

You are aware of the risk of malaria and always undergo prophylaxis before and during your time in Tanzania. Specifically, you take mefloquine, 250 mg once a week. You also sleep in an air-conditioned room, have a mosquito net around your bed, and wear clothes that cover most of your body. Each day, you liberally spray mosquito repellent over your clothes and body.

You don't like taking mefloquine because it makes you a little depressed and gives you very vivid dreams. Occasionally you forget to take your scheduled tablet and may take one a day or so late. After a hot, busy day you sometimes fall asleep without pulling the net around your bed, or leave the window open to the outside air. On rare occasions, you forget to cover yourself in DEET before you go to work in the early morning. You would describe yourself as 80% to 90% reliable in protecting yourself against malaria.

About a week before returning from Africa two weeks ago, you started having sweats and chills, although these don't occur daily. You haven't really thought about your symptoms, but the fever occurs perhaps every second day, and mainly at night.

Initially the symptoms weren't too bad, but they have continued and worsened slightly since you returned to Canada. You have woken up with the bed sheets soaked and a fever above 38.5 degrees

Celsius. You feel fatigued and your muscles ache. Acetaminophen (Tylenol) seems to have no effect. However, the fever appears to disappear within 12 hours and then you feel better again.

You have no cough, sore throat, or earache. You also have no rashes, urethral discharge, photophobia, or neck stiffness, although you have had a low-grade, “grumbling” headache (3 out of 10 on a 10-point pain scale) since your return from Tanzania. This headache seems to be present at all times, is bilateral, and does not affect your vision. Tylenol has no effect on it.

You have no pain on urination and no change in bowel habit, although you do seem to be having some abdominal cramping and a dull pain centrally. There is no blood in your stools or urine.

Your weight may be down a few pounds, but you always lose a little weight during your two months in Tanzania. You have attributed your five- to six-pound weight loss to your lifestyle and your current slight nausea, which is associated with your abdominal pain. This may have led you to cut down on your food intake a bit. You have not vomited.

You own a small construction company and are thus your own boss, so asking for time off work would not really be a problem. You haven’t taken any time off yet but would gladly consider doing so. You feel worn out and exhausted. You have difficulty concentrating on complex tasks, and twice your secretary has mentioned that you look pale and should see a doctor. She was the one who arranged this appointment for you.

The possibility that you may have malaria has crossed your mind. The area in which you volunteer is considered a high-risk one, and you have not been 100% vigilant in protecting yourself. However, the thought that another disease is causing your symptoms has crossed your mind, and you would also like to talk to the FP about this.

## **CONCERNS ABOUT SEXUALLY TRANSMITTED INFECTION RISK**

You attended a farewell party on your last night in Tanzania. You are a popular guy, and your co-workers laid on a fancy meal and some drinks for you. You weren’t feeling too well that night because of sweating and chills. You also were eager to get home and see your wife and were quite happy to be leaving. Maybe it was the effect of the mefloquine, but during this trip you felt more down and lonelier than ever before. Nevertheless, you felt you should attend your party as everyone had put a lot of effort into preparing it. The party was as close to “formal” as one can get out in that area. You don’t normally drink, but you drank a few (four) bottles of beer that night.

With four beers inside you, you retired at about 10 pm. You expected another night of vivid dreams and nightmares, but you were glad this was your last night, and you would be home soon.

Sometime in the night your door opened and a young local woman, **HANIFA**, entered your room. She had been serving you during the party and you have known her for several years. She is one of the friendlier local workers, and you guess she is about 20 years old. She said her family had sent her to you “to say thank you for all your hard work” for the village. She got into your bed, and it was obvious that she was offering you some free sex.

You are not sure if your willpower was low because of the beer or whether you thought that this was just another vivid dream, but you put up little resistance and spent the next few minutes, or maybe hours, having sex with Hanifa. It was all a bit of a blur. You did not wear a condom as far as you recall.

The next morning Hanifa was gone, and you were a little confused as to whether or not this episode had really happened. The bed was a mess, but then it frequently was if you had been having a bad nightmare.

However, when you said goodbye to the kitchen staff before leaving, Hanifa turned to you and gave you more than the normal kiss on the cheek. Then she said, "Thank you for last night!" You were mortified! The deed really did happen!

You returned home two weeks ago and have been consumed with guilt ever since. You have never been unfaithful to your wife before this event and have always had an open and honest relationship with her. You are regular churchgoers, and this is one of the reasons that you volunteer in Africa; you would feel very ashamed if any of this got out to your church community.

In addition, you worry you may have caught a disease from the young woman. You didn't wear a condom, and thus you may have "contracted something." You have no urethral discharge or pain on urination. There are no lumps in your groin to suggest lymphadenopathy. You have no sores or rashes around your genitalia, or any pain in your groin or anywhere in your pelvis. The only unusual symptoms are the fever, chills, and mild abdominal pains and headaches, and these started a week before your sexual encounter.

You are an honest man and you decided, on your flight home, that you had to tell your wife, **CHRISTINE HOUGHTON**, what had happened. No doubt she would want to make love on your return, and she would find it a little odd if you refused or wore a condom for the first time in your relationship. You thought you could try telling her that you were tired and jetlagged and not feeling very well at the moment, but this ploy would work only so long before the truth came out. Hence you concluded that honesty was the best policy, and you told Christine what had happened.

Naturally she was shocked initially and shed tears, but you love each other deeply and have decided to put this behind you and try to move on. The atmosphere in the house is tense, and you are sleeping apart for the time being, but you are being sociable and neither of you is talking about splitting up.

You have told no one else about what happened. Dr. Jackson goes to your church, as does her secretary, **ANTONIA**, and you simply couldn't tell her your story for fear of embarrassment.

You would like this FP to lend a sympathetic ear and to rule out any serious diseases. Human immunodeficiency virus (HIV) infection is very common in the area of Tanzania where you worked, and you would certainly like this to be ruled out first and foremost.

You haven't considered that the young woman might be pregnant. However, you have wondered how this turn of events might affect your future trips to Tanzania. The water pipes are almost complete now, so you have probably done more than most people in ensuring their health and safety. In addition, you are pretty sure that Christine would not be pleased if you returned, so maybe this has been your last trip. Now might be a good time to concentrate on rebuilding bridges with your wife.

### **Medical history**

You had acne as a young adult.

### **Surgical history**

You had an appendectomy at age 14 years.

You had a laparoscopic cholecystectomy 10 years ago.

### **Medications**

You have taken mefloquine, 250 mg once a week, for malaria prevention.

### **Pertinent laboratory results**

You have had no blood tests in the past year. Your last “complete physical” revealed no particular abnormalities, as far as you recall. Specifically, you seem to remember that your blood count, glucose, and thyroid results were normal.

### **Allergies**

You are allergic to tetracycline. It gives you a rash. This was used to treat your acne but the acne became a lot worse and you ended up with both the acne and an allergic reaction.

### **Immunizations**

You have had all the normal immunizations. Specifically, you have had measles, mumps, and rubella and diphtheria, pertussis, and tetanus immunizations. You have also had hepatitis A and B vaccines (Twinrix), as well as typhoid, polio, yellow fever, and even rabies vaccines. A travel clinic in this city recommended all these six years ago, before you went to Tanzania for the first time.

### **Lifestyle issues**

- Tobacco: You are a non-smoker.
- Alcohol: You drink very rarely. You have a beer about once a month.
- Caffeine: You do not drink caffeinated beverages.
- Cannabis: None
- Recreational and/or other substances: You do not use illicit drugs.
- Diet: You have no special dietary needs.
- Exercise and recreation habits: You go to a gym once a week and play squash once a week with **GRANT HOLT**, a friend from your church. However, since you returned home two weeks ago, you haven't had the energy to play any sports.

### **Family history**

There is no significant family history of any illnesses, as far as you know. Both your parents seem very healthy.



Specifically, there are no strokes, heart attacks, or diabetes in the family. No hematological conditions (e.g., sickle cell anemia) run in the family.

You are an only child.

### **Personal history**

- Family of Origin

Your parents emigrated from France to Canada in the early 1950s. They settled in this province and have never moved away. You see them at church every Sunday.

- Marriage/Partnerships

You met Christine while the two of you were attending university in a different province. You met through mutual friends when you both were 20. You and Christine were hard-working and held similar religious and moral beliefs. You married after three years. You moved back here to your home city two years later when you were offered a job at a local engineering company.

Christine is an only child. Her father died many years ago in a motor vehicle accident. Both he and Christine's mother were schoolteachers. They lived in the province where you and Christine attended university.

Four years ago, Christine's mother, **ALEX**, had a stroke that affected her balance. She now uses a wheelchair. She wanted to be closer to family, and hence she moved to this city shortly after the stroke. You and Christine visit her in her assisted living condominium every week after church.

- Children

You and Christine had your first son, **WESLEY**, shortly after you moved to this province. Your son **ROBERT** was born two years later. Wesley is now 30 and Robert is 28. You are a very close-knit family and keep in regular contact. Both sons share your religious beliefs.

When your church first formed ties with the Kigoma region in the west of Tanzania, many members of the congregation went there for extended periods to help build a school, a library, and a new church. Wesley was among the first to volunteer when he was only 20. You were very proud of him.

During his first summer there, violence erupted in the neighbouring provinces and spread into west Tanzania. Wesley's right leg was badly wounded when he was shot while defending some schoolchildren in the church. The villagers kept him alive and hidden from the armed rebels for several days, and without their intervention and care, undoubtedly, he would have died. Months later, he returned to Canada in a wheelchair, and you took a few weeks off work to support him. With the help of the doctors, your church, and your family, Wesley recovered well.

He did need several operations to enable him to walk again. He still needs a cane. Once he was able to, he earned a teaching degree in this city and now teaches in a primary school about 5 km from you. He is married to **GEORGINA**, and they are expecting their first baby within the next few months.

Wesley never returned to Tanzania, but thanks to him, your family name is held in very high esteem in the villages around Uvinza. Likewise, your family owe a huge debt to the local villagers for keeping your son alive. The violence in the area has never arisen again, and seems to have retreated across the border into the Democratic Republic of Congo and Rwanda.

Robert is attending university in a different province and is studying theology. He hopes to enter the church as a minister. He is unmarried.

### **Education and work history**

Like your father, you always had an interest in engineering. You graduated from high school with good grades and went on to earn an engineering degree in a different province. Christine earned a sociology degree at the same university.

You have worked at Carrow Engineering for 31 years. The company's main activity is laying underground pipelines or cables.

The company boomed when the Internet surfaced because cables were needed everywhere, and your work ethic saw you gradually rise to the top of the company. You are now chairman and CEO.

You employ about 50 workers and think of the company as being ethically and ecologically driven. You know all your employees by first name, and your company is listed as one of the top 10 to work for in this city. You have a good support team at work, and they seem very capable of running the company without you for a month or two.

Several years after Wesley volunteered to go to Tanzania, your church again asked for volunteers to help lay some water piping in the area. You felt that the time was right to go to Tanzania. Christine was very supportive, and the job would last for only two months every year. You both felt that you owed the villagers a huge debt for saving your son, and also felt moral and religious obligations.

You have now flown out to Tanzania every year for the past six years. The church has paid your way. Gradually the pipeline has been built and it is now near completion. Within weeks Uvinza should have clean running water, as well as a modern sewage treatment plant.

For the first two years, Christine accompanied you on the trips. Then, after her mother had a stroke four years ago, Christine felt she couldn't leave her alone in her condo for several months at a time. Therefore, you have been alone during your last four visits.

### **Finances**

You are comfortably off. You have paid off your house mortgage and have money set aside for your retirement. Every year, you and Christine vacation in Hawaii, where you have a time-share apartment.

Christine works part time (three days a week) in the hospital social work department. She has published several articles on the link between lack of inner-city funding by local government and the rise in the abuse of women and children. Once a week she volunteers at a centre for abused women.

### **Social supports**

Your family and your church are very important to you.

You see Wesley, Georgina, and your parents most Sundays when you go to church. You send an e-mail or a Facebook message to Robert every Sunday.

You also made many of your friends through the church. You met Grant at church and try to play squash with him weekly. You aren't into partying or drinking too much, but you may have a bottle of beer with him, after a game, perhaps once a month.

You have an elderly black Labrador dog named DaliWali. He was supposed to be named after the Dalai Lama, but his name has sort of changed over time.

### **Religion**

Both of your parents are from the Rhone Valley in the south of France and are very spiritual. When they came to Canada they attended the church nearest their home, which was a non-denominational one. This is the church you have always attended in this city, and through which most of your contacts have been made. Your regular FP attends services there each Sunday, as does her secretary.

In your office you have many religious pictures and ornaments demonstrating your faith.

## **ACTING INSTRUCTIONS**

You are casually dressed. You wear no jewellery other than your wedding ring.

You are polite and thoughtful. You make good eye contact. You are not having any fevers, sweats or chills today, but you did yesterday.

You readily volunteer the information that the woman involved in the sexual encounter was 20 years old, so that there is no concern about sex with a minor.

You would be quite forthcoming that you suspect that this is Malaria.

You are **FEELING** worried, and your **IDEA** is that you may have malaria. The effect on **FUNCTION** is difficulty working effectively. Your **EXPECTATION** is that the FP will do a test for malaria.

You have told your wife about your sexual encounter, and although you are **FEELING** ashamed of what you did, you have no problem talking about it with the candidate. Your **IDEA** is that you may have an STI. There is no effect on **FUNCTION** yet. Your **EXPECTATION** is that the FP will rule out the possibility of STIs.

Your answers are precise, as one would expect from an engineer.

## Cast of Characters

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

<b>PAUL LAMBERT:</b>	The patient, age 56, an engineer with malaria and concerns about STIs.
<b>CHRISTINE HOUGHTON:</b>	Paul's wife, age 56.
<b>HANIFA:</b>	A Tanzanian woman, about age 20, with whom Paul had sex.
<b>WESLEY LAMBERT:</b>	Paul and Christine's son, age 30.
<b>ROBERT LAMBERT:</b>	Paul and Christine's son, age 28.
<b>ALEX:</b>	Christine's mother.
<b>GEORGINA:</b>	Wesley's wife.
<b>GRANT HOLT:</b>	Paul's friend from church.
<b>Dr. SIMONE JACKSON:</b>	Paul's regular FP.
<b>ANTONIA:</b>	Dr. Jackson's secretary.

## Timeline

<b>Today:</b>	Appointment with the candidate.
<b>2 weeks ago:</b>	Returned from Tanzania after a sexual encounter the night before leaving.
<b>3 weeks ago:</b>	Feeling of malaise started.
<b>2 months ago:</b>	Left for Tanzania.
<b>6 years ago:</b>	First trip to Tanzania.
<b>10 years ago:</b>	Wesley injured in Tanzania; had your gallbladder removed.
<b>28 years ago:</b>	Robert born.
<b>30 years ago:</b>	Wesley born.
<b>31 years ago:</b>	Moved back to this province.
<b>33 years ago:</b>	Married Christine.
<b>36 years ago:</b>	Met Christine at university in a different province.
<b>42 years ago:</b>	Appendix removed.
<b>56 years ago:</b>	Born.

## Examiner Interview Flow Sheet - Prompts

<b>Initial statement</b>	<b>"I have been having some fevers and chills.</b>
<b>10 minutes remaining*</b> Optional, use only if you feel it's needed	If the candidate has not brought up the issue of the STI risk, the following prompt is to be used: <b>"I did something stupid on my last night in Tanzania."</b>
<b>7 minutes remaining*</b> Optional, use only if you feel it's needed	If the candidate seems to have forgotten about the malaria, the following prompt is to be used: <b>"Do you think I caught malaria when I was away?"</b> (This prompt is often not necessary.)
<b>0 minutes remaining</b>	<b>"Your time is up."</b>

\* 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**



**LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA**

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: Malaria**

Issue #1	Illness Experience
<p><b>Areas to be covered include:</b></p> <ol style="list-style-type: none"> <li>1. symptoms suggestive of malaria:           <ul style="list-style-type: none"> <li>• High fever (above 38 degrees).</li> <li>• Intermittent.</li> <li>• Sweats.</li> <li>• Headache.</li> <li>• Abdominal pain.</li> <li>• Three weeks' duration.</li> </ul> </li> <li>2. pertinent negative factors:           <ul style="list-style-type: none"> <li>• No cough.</li> <li>• No sore throat.</li> <li>• No diarrhea or vomiting.</li> <li>• Not relieved by Tylenol.</li> </ul> </li> <li>3. risk factors for malaria:           <ul style="list-style-type: none"> <li>• Recent travel to a high-risk area.</li> <li>• Occasionally forgot prophylaxis.</li> <li>• Occasionally exposed himself to mosquitos (e.g. slept with net open, didn't cover with DEET on a daily basis, left window open).</li> </ul> </li> <li>4. feels depressed on mefloquine.</li> </ol>	<p><b>Description of the patient's illness experience.</b></p> <p>You are worried that the symptoms you are experiencing are due to malaria. Your illness has affected your work and your sleep. You are hoping the FP will test you and find out what the problem is.</p>

		<p>Determining the patient's illness experience is <b>not</b> 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.</p> <p>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</p>
--	--	--

		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 <b>in-depth</b> 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 <b>satisfactory</b> understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-Certificate Level	Does <b>not</b> cover points 1, 2, and 3.	Demonstrates minimal interest in the illness experience, focusing mainly on the disease process, and so gains <b>little</b> 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: Concern About Sexually Transmitted Infection**

Issue #2	Illness Experience
<p><b>Areas to be covered include:</b></p> <ol style="list-style-type: none"> <li>1. sexual encounter:           <ul style="list-style-type: none"> <li>• Two weeks ago.</li> <li>• Unprotected intercourse.</li> <li>• 20-year-old woman involved.</li> <li>• Has never been unfaithful to his wife previously.</li> </ul> </li> <li>2. pertinent negative factors:           <ul style="list-style-type: none"> <li>• No dysuria.</li> <li>• No penile discharge.</li> <li>• No swelling in groin (lymphadenopathy).</li> <li>• No rash or sores</li> </ul> </li> <li>3. consequences:           <ul style="list-style-type: none"> <li>• Has told his wife.</li> <li>• No intercourse with his wife.</li> </ul> </li> <li>4. the fact that Hanifa can be contacted, if necessary.</li> </ol>	<p><b>Description of the patient’s illness experience.</b></p> <p>You feel guilty about the sexual encounter two weeks ago. You have never been unfaithful to your wife before. You are also worried that you may be at risk of an STI as the intercourse was unprotected. There is currently no impact on any of your daily function, but you would like to rule out STIs, especially HIV infection.</p>

	<p>Determining the patient’s illness experience is <b>not</b> 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.</p> <p>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.</p>
--	--

Superior Level	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an <b>in-depth</b> 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 <b>satisfactory</b> understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-Certificate Level	Does <b>not</b> cover points 1, 2, and 3.	Demonstrates minimal interest in the illness experience, focusing mainly on the disease process, and so gains <b>little</b> understanding of the illness experience. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate often cuts the patient off.

### 3. Social and developmental context

Context Identification	Context Integration
<p><b>Areas to be covered include:</b></p> <p>1. family:</p> <ul style="list-style-type: none"> <li>• Two children.</li> <li>• Parents in town.</li> <li>• CEO of an engineering company.</li> <li>• Wife is a social worker.</li> </ul> <p>2. church:</p> <ul style="list-style-type: none"> <li>• Attends regularly.</li> <li>• Church-sponsored trip to Tanzania.</li> <li>• Son intends to join the priesthood/ministry.</li> <li>• Most friends are members of the church.</li> </ul> <p>3. trips to Tanzania:</p> <ul style="list-style-type: none"> <li>• Annual.</li> <li>• Wife stays home to take care of her mother.</li> <li>• Building a water pipeline.</li> <li>• May not go back to Tanzania.</li> </ul> <p>4. his intention to work out his marital difficulties.</p>	<p>Context integration measures the candidate's ability to:</p> <ul style="list-style-type: none"> <li>• Integrate issues pertaining to the patient's family, social structure, and personal development with the illness experience.</li> <li>• Reflect observations and insights back to the patient in a clear and empathic way.</li> </ul> <p>This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.</p> <p>The following is an example of a statement a superior level candidate may make:</p> <p>"This must be difficult for you because this indiscretion is affecting the most important things in your life: your family, your faith, your self-respect and your church."</p>

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 <b>not</b> cover points 1, 2, and 3.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience or often cuts the patient off.

#### 4. Management: Malaria

Plan for Issue #1	Finding Common Ground
<p><b>Areas to be covered include:</b></p> <ol style="list-style-type: none"> <li>1) Agree that this could be malaria.</li> <li>2) Arrange testing for malaria.</li> <li>3) Reassures patient that Malaria is treatable.</li> <li>4) Discuss the fact that this is a reportable disease.</li> </ol>	<p>Behaviours indicating efforts to find common ground go beyond the candidate asking “Any questions?” after a management plan is presented.</p> <p>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.</p> <p>Examiners need to determine the candidate’s ability to find common ground based on behaviours they demonstrate during the interview.</p>

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 <b>not</b> cover points 1, 2, and 3.	Does <b>not</b> 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: Concern About Sexually Transmitted Infection

Plan for issue #2	Finding Common Ground
<p><b>Areas to be covered include:</b></p> <ol style="list-style-type: none"> <li>1) Agree that the patient is at risk for an STI.</li> <li>2) Arrange testing for STIs, which must include an HIV test.</li> <li>3) Offer support for the patient and his wife, in view of the current difficulties.</li> <li>4) Discuss repeat testing because of the window period for HIV infection and syphilis.</li> </ol>	<p>Behaviours indicating efforts to find common ground go beyond the candidate asking “Any questions?” after a management plan is presented.</p> <p>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.</p> <p>Examiners need to determine the candidate’s ability to find common ground based on behaviours they demonstrate during the interview.</p>

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 <b>not</b> cover points 1, 2, and 3.	Does <b>not</b> involve the patient in the development of a plan.

## 6. Interview process and organization

The previous scoring components address specific components of the interview. However, assessing the candidate's interview technique as an integrated whole is also important. The entire encounter should resonate with a sense of structure and timing, and the candidate should always be employing a patient-centred approach.

The following are certificate-level techniques applicable to your experience of the entire interview:

- Good direction with a sense of order and structure
- A conversational rather than interrogative tone or presenting many questions to the patient in checklist-style.
- Flexibility and good integration of all components and stages of the interview; the interview should not be piecemeal or choppy.
- Appropriate prioritization, with an efficient and effective allotment of time for the various interview components.

Superior Level	Demonstrates advanced ability in conducting an integrated interview with clear evidence of a beginning, a middle, and an end. Promotes conversation and discussion by remaining flexible and by keeping the interview flowing and balanced. Very efficient use of time, with effective prioritization.
Certificate Level	Demonstrates average ability in conducting an integrated interview. Has a good sense of order, conversation, and flexibility. Uses time efficiently.
Non-Certificate Level	Demonstrates limited or insufficient ability to conduct an integrated interview. Interview frequently lacks direction or structure. May be inflexible and/or overly rigid, with an overly interrogative tone. Uses time ineffectively.



## Appendix 1 Standardized Instructions to Candidates

### 1. Format

Although the patient/examiner encounter occurs virtually, the SOO is designed to be a **simulated office situation** in which an examiner will play the part of the patient seeing you, the doctor, in your office. There will be an opening statement and you are expected to manage the interview from then on. You do **not** perform a physical examination as part of the encounter.

### 2. Scoring

You will be scored by the examiner according to specific criteria established for each case. Do not ask the examiner for information about your marks or performance, and do not speak to them out of their role.

### 3. Timing

Each SOO station lasts 28 minutes broken down to 1 minute of reading time, 15 minutes for your visit with the patient, and 12 minutes of waiting time which the examiner will use for marking. During the SOO examination, timing is shown by two countdown clocks. The station countdown clock in the blue bar at the top of the screen starts at 28 minutes and counts down time remaining for all the components of the station combined. The time in the segment countdown clock in the yellow bar changes depending on which of the three sections of the station you are in.

Before the examination starts, you will be placed in a setting where the examination will occur, but the clocks will not be active. During this pre-examination waiting time, your identification will be checked, and the proctor will ensure your microphone and camera works.

The first SOO station starts when the segment countdown clock in the yellow bar appears saying **READING TIME**. You have **one minute** to review the provided patient information. At the second and subsequent stations, the **READING TIME** in the yellow bar starts automatically when you are transferred to the next SOO station.

Following **READING TIME**, **ASSESSMENT TIME** starts in the segment countdown clock in yellow bar, and you will have 15 minutes to manage the interview. No verbal or visual warnings of time remaining are given (e.g., at the three-minute mark). It is a misconception that discussion with the patient to find common ground on a management approach must only occur in the last three minutes of the encounter. The encounter stops at the 15-minute mark, even if you are in mid-sentence.

The yellow bar then changes to **MARKING TIME** but there isn't a countdown clock for this segment. Marking time is a rest period for you. If, for example, you start a SOO station five minutes late, the station clock in the blue bar will show that seven minutes are left once you get to the marking time segment.

## Appendix 2 CFPC Preparation Pointers for Examiners

1. The first rule for successful acting is to put yourself into the mindset of the person you are role-playing. You have been around patients long enough to have a fairly good idea of how they speak, behave, and dress.

Think of the following:

- The defensiveness and reticence of a patient living with alcohol use disorder
- The potential embarrassment of someone living with a very difficult partner
- The anxiety of a person living with a terminal illness
- The shyness of a young teenager with a sexual-related concern

Once you receive your SOO script, think about the following:

- Initially, how is this type of patient going to react to a new physician?
    - Will the patient be open, shy, defensive, etc.?
  - How articulate will a person of their education level and background be?
    - What jargon, expressions, and body language will the patient use?
  - What will the patient's reactions be to questions a new physician asks?
    - Will the patient be angry when alcohol use is brought up?
    - Will the patient display reticence when questions about family relationships are asked?
2. Allow the candidate to conduct an interview to determine what's going on. The SOO is set up for you to share one or more specific cues to help focus the candidate. Find the right balance between initially oversharing information and being too restrictive. You can predict the first few questions you will be asked so you plan your responses.

You have all been through this exam yourselves. It is normal to feel for the nervous candidate sitting in front of you. But this exam is the result of years of experience on the part of the College, and the cues you are given are enough for the average candidate to realize what the issues in the case are. If the candidate still has not caught on after the cues you have given as instructed in the case script, that is the candidate's issue, not yours. Do not give away too much after that.

3. If you feel a candidate is having language difficulties during the SOO, do not act or speak differently than you would with any other candidate. Be aware that this candidate may miss subtle verbal cues laid out in your SOO script. However, this candidate would be at high risk of missing these verbal cues in their own offices. All candidates need to be exposed a standardized which is portrayed similarly to all. Feel free to note any communication-related or language-difficulties you observe in the comments section of the score sheet.
4. Occasionally a candidate will get off on a tangent or onto a completely unproductive line of questioning. During this exam you must walk the fine line of not giving away too much, but also of not leading the candidate down a completely inappropriate path of inquiry. Time is limited. If

a candidate begins a completely unproductive line of questioning, answer “No” (or find another appropriate way). This should help prevent the candidate from wasting several valuable minutes on tangents not in the script.

5. Do not overact.
6. You will notice there will be some candidates with whom you feel comfortable, some with whom you feel less comfortable, some who conduct the interview the way you would have, and others who conduct the interview in a different way. We ask that you mark each candidate as objectively as possible, using the marking sheet anchor statements to guide your assessments.
7. The suggested prompts after the opening statement are optional. Give a prompt if you feel it is warranted (i.e., the information hasn't come up in discussion already). If you think of it later than suggested, but still feel it's needed, give the prompt then.
8. Pay attention to the clothing and acting instructions in the SOO script. A change that seems minor to you, such as wearing a long-sleeved shirt instead of the specified short sleeves, has a way of changing the whole atmosphere of the encounter for candidates.
9. In the last three minutes of the examination, you should not volunteer any new information. You can certainly provide it if asked directly but limit your responses to direct answers or clarifications.
10. If the candidate clearly finishes before the 15 minutes are up, do not offer any more information or inform the candidate there is time left, but answer if any additional questions are asked before the end of the Assessment time. Once the Marking time starts, cover up your camera and mute your microphone.
11. Remember to follow the script and assist the College by clearly and adequately documenting important details and comments in marking sheet.

### **Appendix 3 Distinguishing a Certificant-level from a Superior-level Performance: Exploration of the Illness Experience**

A **certificate-level performance** must include gathering information about the illness experience to gain an acceptable understanding of the patient and their issues (acceptable to the patient/examiner).

A **superior-level performance** is not simply a matter of a candidate obtaining more or almost all the information. A superior candidate must actively explore the illness experience and demonstrate an in-depth understanding of it. A superior performance is achieved through the skillful use of communication skills notably the demonstration of: (1) excellent verbal and non-verbal techniques (2) use of effective questioning, and (3) impressive active listening that encourages patient-physician trust and the patient telling their full story.

The material below is adapted from the CFPC’s Assessment Objectives for Certification in Family Medicine. The table below is intended to be a guide to assist evaluators in determining whether a candidate’s communication skills reflect a certificate, superior, or non-certificate level performance. A certificate level candidate displays enough to gain an acceptable understanding, a superior candidate demonstrates all these aspects, while a non-certificate level demonstrates few or none of these aspects and fails to achieve an acceptable understanding of the patient and their issues.

<p><b>Listening Skills</b></p> <p>Uses both general and active listening skills to facilitate communication.</p> <p>Sample behaviours</p> <ul style="list-style-type: none"> <li>• Allows time for appropriate silences</li> <li>• Feeds back to the patient what the candidate thinks has been understood from the patient</li> <li>• Responds to cues (doesn’t carry on questioning on unrelated topics without acknowledging the patient if a major life or situation change is revealed)</li> <li>• Clarifies jargon the patient uses</li> </ul>	<p><b>Cultural and Age Appropriateness</b></p> <p>Adapts communication to the individual patient for reasons such as culture, age, and disability.</p> <p>Sample behaviours</p> <ul style="list-style-type: none"> <li>• Adapts their communication style to the patient’s disability (e.g., writes for patients with hearing challenges)</li> <li>• Speaks at a volume appropriate for the patient’s hearing</li> <li>• Identifies and adapts their manner to the patient according to the patient’s culture</li> <li>• Chooses appropriate medical terminology for each patient (e.g., “pee” rather than “void” for children)</li> </ul>
<p><b>Non-Verbal Skills</b></p> <p>Expressive</p> <ul style="list-style-type: none"> <li>• Is conscious of the impact of body language on communication and adjusts it appropriately</li> </ul> <p>Sample behaviours</p> <ul style="list-style-type: none"> <li>• Ensures eye contact is appropriate for the patient’s culture and comfort</li> <li>• Is focused on the conversation</li> <li>• Adjusts demeanour to ensure it is appropriate to the patient’s context</li> </ul>	<p><b>Language Skills</b></p> <p>Verbal</p> <ul style="list-style-type: none"> <li>• Has skills that are adequate for the patient to understand what is being said</li> <li>• Converses at a level appropriate for the patient’s age and educational level</li> <li>• Uses an appropriate tone for the situation, to ensure good communication and patient comfort</li> </ul> <p>Sample behaviours</p>

<ul style="list-style-type: none"> <li>• Ensures physical contact is appropriate for the patient's comfort</li> </ul> <p>Receptive</p> <ul style="list-style-type: none"> <li>• Is aware of and responsive to body language, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction, anger, guilt)</li> </ul> <p>Sample behaviours</p> <ul style="list-style-type: none"> <li>• Responds appropriately to the patient's discomfort (e.g., shows appropriate empathy for the patient)</li> <li>• Verbally checks the significance of body language/actions/behaviour (e.g., "You seem nervous/upset/uncertain/in pain")</li> </ul>	<ul style="list-style-type: none"> <li>• Asks open- and closed-ended question appropriately</li> <li>• Checks with the patient to ensure understanding (e.g., "Am I understanding you correctly?")</li> <li>• Facilitates the patient's story (e.g., "Can you clarify that for me?")</li> <li>• Provides clear and organized information in a way the patient understands (e.g., test results, pathophysiology, side effects)</li> <li>• Clarifies how the patient would like to be addressed</li> </ul>
---	--

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.