
THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Certification Examination in Family Medicine

Overview of Simulated Office Oral (SOO)
Structure and Marking

Updated June 2023

The College of Family Physicians of Canada Certification Examination in Family Medicine

Introduction

The two components of the Certification Examination in Family Medicine are, together, designed to evaluate a representative sampling of the diverse knowledge, attitudes, and skills required by practising family physicians as set out in the Assessment Objectives for Certification in Family Medicine.

The short-answer management problem (SAMP) component assesses candidates' medical knowledge, problem-solving skills, and clinical reasoning. The simulated office oral (SOO) component assesses how a candidate establishes and uses the patient-centred method to care for patients in an office setting.

The College believes a patient centred approach using the patient centred clinical method* to providing clinical care helps patients more effectively. The SOOs marking scheme is based on the patient-centred clinical method (PCCM) developed by the Centre for Studies in Family Medicine at the Western University. The essential principle of the PCCM is integrating a traditional condition-oriented approach (e.g., understanding a patient's condition through effective history-taking, understanding pathophysiology, recognizing clinical presentation patterns, making a diagnosis, and knowing how to manage the identified condition) with an appreciation of the illness the health-issue creates (e.g., what does the disease's clinical aspects mean to the patient, what is the patient's emotional response to their illness, what is the patient's understanding of the health issue they are concerned about, and how is the health issue affecting their life). Integrating the disease/condition with an understanding of the person living with the illness—through the act of interviewing, communicating, problem solving, and negotiating disease management—is fundamental to the patient-centred approach.

While important, the emphasis of the SOO is **not** just on a candidate's ability to appropriately diagnose and manage a clinical scenario, but to explore patients' feelings, ideas, and expectations about the situation the health-issue is causing or contributing to and to determine the effect on their functional abilities. Candidates are scored on how they conduct the interview to both forge a connection with the patient and actively involve the patient in deciding a mutually acceptable management plan. The SOO cases reflect a variety of clinical situations, but all require PCCM communication skills to understand patients as individuals with unique illness experiences and to work with them to find the best next steps to effectively deal with the health issues presented.

The following Appendices will be of interest to all examiners:

Appendix 1: Standardized Instructions to Candidates

Appendix :2 Ten CFPC Preparation Pointers for Examiners

Appendix 3: Distinguishing a certificate-level from a superior-level performance: Exploration of the illness experience

RATIONALE FOR SIMULATED OFFICE ORAL EXAMINATION #

* Stewart M, Brown JB, Weston W, McWhinney I, McWilliam C, Freeman T, eds. *Patient-Centered Medicine: Transforming the Clinical Method*. 3rd ed. London: Radcliffe Publishing; 2014.

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

1. body dysmorphic disorder
2. hyperhidrosis

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. **DANICA WILLIAMS**, age 27, who is new to your practice.

CASE DESCRIPTION

Introduction

You are Ms. **DANICA WILLIAMS**, age 27. You have come to this new family physician (FP) seeking a referral to a plastic surgeon for extensive cosmetic surgeries. You also are suffering from excessive sweating.

History of the problems

BODY DYSMORPHIC DISORDER

You have decided that the answer to all your problems is to have cosmetic surgery to fix your vast number of imperfections. Then you will be perfect, and all your difficulties will go away.

Currently, you've decided that you require the following:

- Rhinoplasty.
- Breast augmentation.
- Eyelid correction.
- Liposuction of your upper arms, belly, hips, and back.
- A tummy tuck.
- Collagen injection in your lips.
- The removal of moles on your chest and back.

For years you've kept a list of the imperfections that have to be changed. Although you would like to have a few more cosmetic procedures (ears pinned back, some cosmetic dentistry, etc.), for now you can live with just those on the list above.

You spend a great deal of money (most of your income in fact) on beauty treatments and products. You have yet to be satisfied and frequently change stylists and salons. Your nails are always done and you always wear makeup. You own literally bags of makeup, skin creams, moisturizers, and other equipment for making yourself beautiful. You have no idea of exactly how much money you've spent, but you suspect it is a lot.

You check your appearance in every mirror you come across and often pull a compact out of your purse to check your face. You must see yourself from many angles several times a day, just to be sure you don't look hideous in the clothes you picked that morning. You have been known to leave work to change outfits because an unflattering glance sends you into a tailspin.

Your nose is your worst feature. You can't believe that you got the "Williams nose" from your dad's side of the family. It is so unfair that both your sisters have your mother's delicate features. If only you could

have your nose made smaller and more pert—and have some of the huge pockmarks on it removed with dermabrasion and the red veins lasered—and have the hump taken out.

Next on your list in terms of priority is breast augmentation (at least two more cup sizes) with a lift so your breasts aren't so droopy. Liposuction of your hips, belly, arms, and back follows breast augmentation in terms of importance.

Recently you've found yourself thinking constantly about how badly your nose is affecting your life. The past few weeks you have lain in bed after work, ruminating about your imperfections. You know that you'd be a friendlier person, more outgoing, and successful in your entire life if only you could have your surgeries.

You have always felt invisible next to your two sisters. Not only were they more accomplished, they were also prettier. About three years ago, you realized that you had to do something about this situation. The exercise and Pilates classes you had tried hadn't sculpted you into someone better, and they certainly didn't help with your facial features. You have tried a few diets, but they haven't worked, either.

Thank goodness your Internet friends support your desire to have your imperfections rectified, just as you support their plans for plastic surgery. The website WaitingtobePerfect.com has been a real benefit to you as you can connect with so many like-minded women. The discussion room has been a real haven, as your sisters and parents have not been totally supportive of your requests for surgery. In fact, your younger sister recently told you that she thinks there is nothing wrong with your nose and that your desire for surgery is ridiculous. You know that she is just saying these things because she doesn't understand the anguish of being deformed, as you are.

You mention your desire to have cosmetic surgery to your family, often several times a day, but they don't seem too interested. Your father says he thinks you are "nuts" for wanting to go "under the knife." Both your sisters just roll their eyes and tell you "enough already." They've never been interested in what you have to say. Your mother is a bit more supportive—or at least she used to be. Every day for the past year or so, at least whenever she's been in town, you've shown her your scrapbook with photos of how you want to look. Recently she's expressed some concern that you are "going overboard," and she has said that "there's nothing wrong with you that exercise won't help." She even said once that she thought you were becoming obsessed with your looks. You don't agree: if your mother had been born with a nose like yours, she would have had it fixed years ago.

Recently, both your parents indicated that they will not pay for any surgical procedures and that they are not going to be handing over money for the beauty salon much longer. They want you to pay for your own cosmetics and treatments.

You spend a couple of hours a day, and more on the weekend, searching the web and magazines for pictures of celebrities. You use a red pen to circle the improvements you'd like. You outline your wishes and choices in your scrapbook. For example, you have your possible new nose narrowed down to the noses of three actresses and a musician. You are willing to bring the pictures to the surgeon to show him or her exactly what you want. Today you left the scrapbook at home because you came to this appointment directly from work and the book is too big to carry in your purse.

You know that you need a physician’s referral if medical care is to be covered by provincial health insurance. You do not realize that likely you will have to pay privately for most or all of these procedures.

You expect the doctor to sympathize with you and immediately offer a referral to a plastic surgeon. How could anyone look at you and not agree that you are in dire need of surgical repair?

HYPERHIDROSIS

When you were in high school you developed excessive sweating of your armpits, feet, and hands. You don’t remember anything that triggered it: no rash, no infections—nothing. You weren’t taking any medication at the time. It developed slowly, worsening month by month during your late teens. Your hands and feet always seemed to be warm and wet. You had to change your clothes several times a day because of the wet underarm stains.

High school gym class was torture, as your T-shirt became soaked under the arms before the class even started. People commented on your “greasy pits,” and you were mortified. You changed clothes in the bathroom at lunchtime, but sometimes other girls noticed and made comments. You stashed the soiled clothes in your locker, but they “smelled up” the small space and people said the odour was noticeable in the hallway.

Your hands always seemed to be wet. You stopped going to church because you were reluctant to shake people’s hands during the service; when you did, you noticed their unpleasant reactions. You were acutely embarrassed.

An odour is associated with the sweating. It is the usual sweat smell, nothing different or strange, but you are very conscious of it.

The sweating occurs daily. When you wake up in the morning, your hands and feet are dry. Usually, the sweating starts by the time you eat breakfast and begins to resolve in the evening. Both sides of your body are equally affected. Your scalp is not affected.

You don’t have night sweats. You don’t perspire on your back or face, although perhaps your chest is sweatier than you think it should be.

You have had no change in weight, haven’t had any injury, have no headaches or other neurological changes, and have no rash that could be associated with the sweating. You don’t think the sweating is worse if you are embarrassed or worried; there doesn’t seem to be an emotional component to this at all. You haven’t noticed that anything else triggers it, either: no foods, temperature, situation, or exposure. There is no relation to your period or menstrual cycle. You aren’t taking any medications or herbal supplements. There is no rash.

You think something is wrong with you, but you don’t think it is life- threatening. (This has been going on for years: if the problem were serious, wouldn’t you have known by now?) You haven’t tried anything for it, other than different deodorants, a couple of over-the-counter antiperspirants and loose clothing.

You haven’t spoken to anyone about this lately. You think your parents know; you remember your mother telling you frequently when you were still in high school to change your clothes or wash them. Neither

parent has ever suggested that you see a doctor about this problem, or even that something might be available to help with it. You are aware that your father sweats a lot too. You don't know if this is the same problem as yours, but you suspect it might be. Your father doesn't seem to be too bothered by his sweaty hands.

You haven't bothered to research this problem on the web, even though you work in a library and have your own computer. You are far too busy planning your total makeover to waste time on sweaty hands. You do hope, however, that because you are seeing this FP for a referral, anyway, he or she might know a pill or something to stop the sweating.

Medical history

You have been generally healthy.

You were prone to eczema as a child, mostly on your trunk and arms, but this has decreased significantly over the years. You cannot remember ever having the rash as an adult.

You had braces on your teeth from age 15 to 18.

You were in a car accident at age 22. You were admitted to the hospital for a concussion and whiplash. You have recurrent neck pain if you strain your neck or are overly tired.

Surgical history

Appendectomy at age 14.

Wisdom teeth removed at age 20.

Medications

Occasionally you take acetaminophen for headaches or menstrual cramps. You have never taken the birth control pill.

Pertinent laboratory results

None.

Allergies

You suffer from runny eyes and a runny nose every spring. You are allergic to hamsters and rabbits.

Immunizations: Up to date.

Lifestyle issues

- Tobacco: You do not smoke although you have thought about starting as it would keep your weight down.
- Alcohol: You do not drink alcohol (too fattening).
- Caffeine: A coffee in the morning
- Cannabis: None
- Recreational and/or other substances: No history of drug use
- Diet: You are careful about your diet (eating lots of fruit and veg and limiting meat and dairy) as to maintain your current weight and not gain anything further.
- Exercise and recreation habits: You have a gym membership that your parents have paid for and go daily.

Family history

As far as you know, your family is pretty healthy. Both your parents are fit and active, although your father, **HAROLD**, age 60, smokes about half a pack of cigarettes a day. Both he and your mother, **MAUDE**, also age 60, are “very into yoga.”

Your sisters, **MELODY**, age 30, and **BRIDGET**, age 25, are well. Bridget gave birth to healthy identical twin boys four months ago. She had no problems during her pregnancy and lost the “baby weight” within two weeks.

There is no heart disease, high cholesterol, or diabetes in the family.

Personal history

- **Family of Origin**

You grew up in this city. You describe your childhood as “uninspired and lonely.” Although you were a healthy child, like your sisters, you couldn’t begin to compete with their successes. Melody was a brilliant student who played competitive tennis and soccer at the provincial level and excelled at music and theatre. She had multiple scholarships to university and won several awards. Bridget was a good student, too, with many domestic accomplishments. By age 12 she could sew her own clothes and cook a meal everyone would enjoy. She was also very computer savvy and helped your parents get their business on-

line. You don't feel close to either of your sisters and feel that you never had anything in common with them.

You don't remember excelling at anything. School was a bit of a struggle, and you didn't receive any marks higher than an occasional "B." You had no interest in music, sports, arts or crafts, or anything else. You weren't much of a reader, either. You felt a bit overwhelmed by your family. In fact, you felt like a wallflower in comparison to everyone else.

The situation was even worse with strangers. Your parents entertained a lot for business, and the house seemed always filled with strangers, who were sipping cocktails and snacking on canapés. Your sisters were comfortable with adults and often praised for their excellent social skills. You, on the other hand, could never think of anything interesting to say to people and preferred to stay in the background.

You daydreamed and watched television a lot. Neither parent pushed you to try new things or live up to your sisters' accomplishments, something for which you are quite grateful although, at the same time, resentful. It was as if they knew you weren't capable of greatness and saw you as a lost cause. You do remember some tension as you were growing up, when you couldn't verbalize any set plan for your future. Your father was always concerned about how you would manage in the big, wide world.

As a young adult, you had a brief relationship in college, but it never became serious. That was the only time you dated. You never brought anyone home to meet your parents.

Currently, Melody just passed her bar exam. She has accepted a lucrative position with a top law firm in this city. Your other sister, Bridget, has been married to PEDRO for three years and recently became a mother. She has a good job as a systems analyst in a high-tech company in this city.

Your parents sell real estate and are very successful. They spend four months of the year living in their luxurious Florida condominium, which overlooks the ocean.

You moved back into your parents' home two years ago, but this wasn't a great idea. Sure, they're frequently traveling back and forth between their luxurious condo in Florida and home, but when they're home the house is super busy with clients, business associates, and your sisters. It drives you up the wall.

- **Marriage/Partnerships**

You spend a lot of time fantasizing about several movie stars, but you have no real romantic relationship at this time. You aren't really interested in a lover at this time as you are quite convinced that no one would find you attractive with all your imperfections. This is not much of a problem for you.

You had a brief relationship in college, but it never became serious, and you never brought anyone home to meet your parents. That was the only time you dated.

- **Children**

You have no children.

Education and work history

You finished high school and entered community college because you couldn't think of anything else to do and you didn't want to go to university as your sisters did. You took a general course: some English, philosophy, psychology, and history. You passed your courses, but barely. Some required working in small groups, and that was really difficult. You were sure that everyone was talking about you behind your back and laughing about your sweat stains and stinky feet.

After graduation, you found a job in a university library, working in the stacks, filing books, and keeping the place tidy. It paid just above minimum wage, but at least you didn't have to deal with the public and the books didn't complain about the way you looked or smelled. Unfortunately, your sweaty hands ruined several manuscripts, and this placed your job in jeopardy.

A lack of money meant you weren't able to maintain your own apartment. (You tried for nearly a year but had to give up.) Although the job didn't pay well, you did spend a fair bit—both your own money and money borrowed from your parents—on beauty treatments and cosmetics.

Two months ago, your father told you about a possible job. You knew by then that your days at the library were numbered, and you hoped for an excuse to quit so you wouldn't be fired. Your dad said a colleague of his needed a receptionist for the front office of his huge real estate firm. You would basically greet clients, get coffee, and answer the phone. The pay would be terrific, and you could get your own apartment.

After much deliberation, you decided to take a huge chance. You accepted the job. You start next week.

Now that you've had a chance to realize what this new job entails—lots of public interaction—you've decided that your excessive sweating must be treated.

Finances

Finances are tight. Your library job hasn't paid well, but it has included health and dental benefits. However, although your parents have been financially supportive (they can well afford to be), you're aware that the well is running dry and that they aren't going to be willing to hand over money forever. You have spent a lot of money on cosmetics and beauty treatments, and although your parents have helped you pay for these, they have said that enough is enough. Nevertheless, you are sure your mom will help you buy the clothes you'll need for your new job.

You agreed to take this new job because you knew it would improve your financial situation greatly in the long run.

Social supports

You have limited supports. Your parents are probably the most supportive people in your life, but you have little to do with them. You have no interests in common. You aren't close to either of your sisters.

You have a few acquaintances at the library. You don't really socialize with them.

You have some acquaintances from college, but no one with whom you really keep in touch. You have several “friends” on Facebook and have joined several websites that discuss your favourite actors and shows; you do participate actively in the chat rooms. However, you don’t really know these people and have not met any of them. You spend a lot of time on the website WaitingtobePerfect.com, and you think of the people with whom you chat on- line as friends and supports.

Religion

Currently, you have no religious affiliation.

ACTING INSTRUCTIONS

You are quiet and slightly withdrawn, and prone to checking yourself a lot in mirrors or any shiny surface. You have a compact or a small hand mirror, and you are looking at your face in it when the candidate enters the room. You wear baggy, loose-fitting clothes to hide your physical imperfections. You are well groomed and wear lots of makeup. You frequently touch your nose or hold your hand over it to hide it.

You wipe your hands several times on your pants if the candidate wants to shake your hand.

During the interview, you make several remarks that indicate your unhappiness with your physical appearance (e.g., “I know I’d be more popular if I could just get my nose done” or “Everything in my life would be better if I had my surgeries done”).

You **FEEL** that everyone notices how wet and sweaty your hands are. You **FEEL** that your nose is horribly prominent and that everyone notices it. You also feel invisible next to the other members of your family and think they are unsympathetic toward your plight. You deny feeling depressed or suicidal.

Your **IDEAS** are that your nose is quite deformed and that it requires surgical attention as soon as possible. As soon as you have your surgeries you will be much happier. You don’t realize that this is an abnormal obsession. You have lots of Internet friends who feel the same way about themselves.

Your **FUNCTION** is affected because you spend a lot of time worrying about your appearance. You have had to leave your library job because the sweat from your hands damaged some manuscripts.

You **EXPECT** the doctor to sympathize with you and immediately offer a referral to a plastic surgeon.

If reassured that you look fine, you say things such as “I know it is your job to say that” or “My parents try to reassure me too, I but I can look in the mirror.”

If told early no surgery: you react angrily, “people get surgery all the time” But if raised at the end of the interview in a sensitive way, you are open to hearing to what the alternatives are.

If the candidate agrees that you do need surgery, answer by listing an excessive number of other procedures you want done at the same time (to indicate how abnormal your desire for surgery is) i.e., tooth enamel bleaching, ears pinned back.

Emphasize that you are not depressed.

If the candidate asks for further exploration of the family (the parents or sisters) you give responses indicating their accomplishments and attractiveness. (i.e., I have a sister who’s a high-powered lawyer and my other sister just had twins and has a fabulous husband).

Cast of Characters

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

Danica Williams: The patient, age 27, who has body dysmorphic disorder and hyperhidrosis.

Harold Williams: Danica's father, age 60.

Maude Williams: Danica's mother, age 60.

Melody Williams: Danica's sister, age 30.

Bridget Williams: Danica's sister, age 25.

Pedro: Bridget's husband.

Timeline

Today: Appointment with the candidate.

Three years ago: Decided something must be done about your appearance

Five years ago: Graduated from community college and began working at the library

11 years ago: Developed hyperhidrosis.

27 years ago: Born.

Examiner Interview Flow Sheet - Prompts

Initial statement	“I need a referral to a plastic surgeon.”
10 minutes remaining* Optional, use only if you feel it’s needed	If the candidate has not brought up the issue of the hyperhidrosis, the following prompt is to be used: “Can you do something about my hands.”
7 minutes remaining* Optional, use only if you feel it’s needed	If the candidate seems to have forgotten about the plastic surgery request, the following prompt is to be used: “What about the referral.” (This prompt is often not necessary.)
0 minutes remaining	“Your time is up.”

* To avoid interfering with the flow of the interview, remember that the seven- and 10-minutes remaining prompts are optional. To avoid interrupting the candidate in mid-sentence or disrupting their reasoning process, delaying the delivery of these prompts is acceptable.

Note:

During the last three minutes of the interview, you may only provide information by answering direct questions, and you should not **volunteer** new information. You should allow the candidate to conclude the interview during this time.



The College of Family Physicians of Canada

Certification Examination in Family Medicine

Session

Simulated Office Oral

Marking Scheme

NOTE: To cover a particular area, the candidate must address at least 50 per cent of the bullet points listed under each numbered point in the left-hand box on the marking scheme.

1. Identification: Body Dysmorphic Disorder

Issue #1	Illness Experience
<p>Areas to be covered include:</p> <ol style="list-style-type: none"> 1. body dysmorphic disorder: <ul style="list-style-type: none"> • Specifically bothered by her facial appearance. • Using excessive makeup to draw attention away from imperfections. • No previous surgeries. • Wants multiple procedures done. • Family doesn't agree that nose needs to be fixed. 2. Pertinent negative factors: <ul style="list-style-type: none"> • No signs of depression. • No social phobia. • No OCD/ritualized behaviours. • No history of abuse. • No history of teasing about appearance. 3. No signs of an eating disorder. 4. No self-mutilation. 	<p>Description of the patient's illness experience.</p> <p>You feel as if everyone is disgusted by your nose, and you feel anxious about your overall appearance. You think that if you could change your imperfections that it would improve your daily life: you spend too much time checking your appearance, leaving work because you dislike how you look, wasting a lot of money and time on grooming. You are hoping that the doctor will refer you to a plastic surgeon.</p>

		<p>Determining the patient's illness experience is not a checklist assessment where a candidate asks about the patient's feelings, ideas, functioning, and expectations and should two or three of these four be asked aloud, a pass is then awarded.</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,</p>
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		more than just a textbook disease process to be appropriately managed.
Superior Level	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an in-depth understanding of it. This is achieved through the purposeful use of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificate Level	Covers points 1, 2, and 3.	Learns about the illness experience arriving at a satisfactory understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-Certificate Level	Does not cover points 1, 2, and 3.	Demonstrates minimal interest in the illness experience, focusing mainly on the disease process, and so gains little understanding of the illness experience. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate often cuts the patient off.

2. Identification: Hyperhidrosis

Issue #2	Illness Experience
<p>Areas to be covered include:</p> <p>1. history:</p> <ul style="list-style-type: none"> • Hands, feet and underarms sweat. • Started in high school. • Not helped by over-the-counter treatments. • No abnormal odour. <p>2. symptoms:</p> <ul style="list-style-type: none"> • Only during the day. • No change with nerves. • Not affected by temperature or activities. • No skin problems. <p>3. pertinent negative factors:</p> <ul style="list-style-type: none"> • No weight loss. • No lymphadenopathy. • No fatigue. • No tremors. • No palpitations. <p>4. Father has similar condition.</p>	<p>Description of the patient's illness experience.</p> <p>You feel embarrassed about your sweating and think there is something wrong with you. Due to the sweating, you don't want to shake anyone's hands and you are at risk of losing your job at the library because of damaged manuscripts. You are hoping that the doctor can assist with this problem.</p>

		<p>Determining the patient's illness experience is not a checklist assessment where a candidate asks about the patient's feelings, ideas, functioning, and expectations and should two or three of these four be asked aloud, a pass is then awarded.</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 in-depth understanding of it. This is achieved through the purposeful use

		of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificate Level	Covers points 1, 2, and 3.	Learns about the illness experience arriving at a satisfactory understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-Certificate Level	Does not cover points 1, 2, and 3.	Demonstrates minimal interest in the illness experience, focusing mainly on the disease process, and so gains little understanding of the illness experience. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate often cuts the patient off.

3. Social and developmental context

Context Identification	Context Integration
<p>Areas to be covered include:</p> <ol style="list-style-type: none"> 1. family: <ul style="list-style-type: none"> • Lives at home. • Has two sisters who are both very accomplished. • Both parents are very successful. 2. social factors/life cycle issues: <ul style="list-style-type: none"> • No partner. • Social life is on the internet. • unable to live on her own due to finances. • New job requires social interaction. 3. spends all her free time developing multiple scrap books with examples of body features she aspires to have. 4. feels eclipsed by her family's accomplishments. 	<p>Context integration measures the candidate's ability to:</p> <ul style="list-style-type: none"> • 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 <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>"You grew up in an environment that where success and appearance are highly regarded, and you feel. You are very self conscious for these reasons your excessive sweating which has led to difficulty holding a job, making friends and having relationships. I wonder if you have come to the conclusion that surgery might be the answer to all your problems. It must be tough to deal with all of this with no support from your family. You must be feeling pretty alone."</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 not cover points 1, 2, and 3.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience or often cuts the patient off.

4. Management: Body Dysmorphic Disorder

Plan for Issue #1	Finding Common Ground
<p>Areas to be covered include:</p> <ol style="list-style-type: none"> 1) Acknowledges patients distress over perceived physical flaws. 2) Suggest supportive psychological evaluation before any surgical intervention (presurgical counseling). 3) Discuss realistic expectations of plastic surgery. 	<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, and 3.	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 and 2.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-Certificate Level	Does not cover points 1 and 2	Does not involve the patient in the development of a plan. Only asks the patient “any questions” after a management plan is presented without doing more to involve the patient.

5. Management: Hyperhidrosis

Plan for issue #2	Finding Common Ground
<p>Areas to be covered include:</p> <ol style="list-style-type: none"> 1) Reassure that excessive sweating is common and treatable condition. 2) Consider other conditions that cause sweating (thyroid disease, medications, cancer). 3) Suggest strong topical antiperspirant. 4) Discuss use of other therapeutic options EG botulinum toxin, iontophoresis, anticholinergics. 	<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 not cover points 1, 2, and 3.	Does not involve the patient in the development of a plan.

6. Interview process and organization

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

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

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

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

Appendix 1 Standardized Instructions to Candidates

1. Format

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

2. Scoring

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

3. Timing

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

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

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

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

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

Appendix 2 CFPC Preparation Pointers for Examiners

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

Think of the following:

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

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

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

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

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

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

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

Appendix 3 Distinguishing a Certificate-level from a Superior-level Performance: Exploration of the Illness Experience

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

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