



DEPARTMENT OF FAMILY MEDICINE Simulated Office Oral (SOO) Pointers

PGY1s—scheduled for 5 to 6 mock exams

PGY2s—scheduled for 2 to 3 mock exams

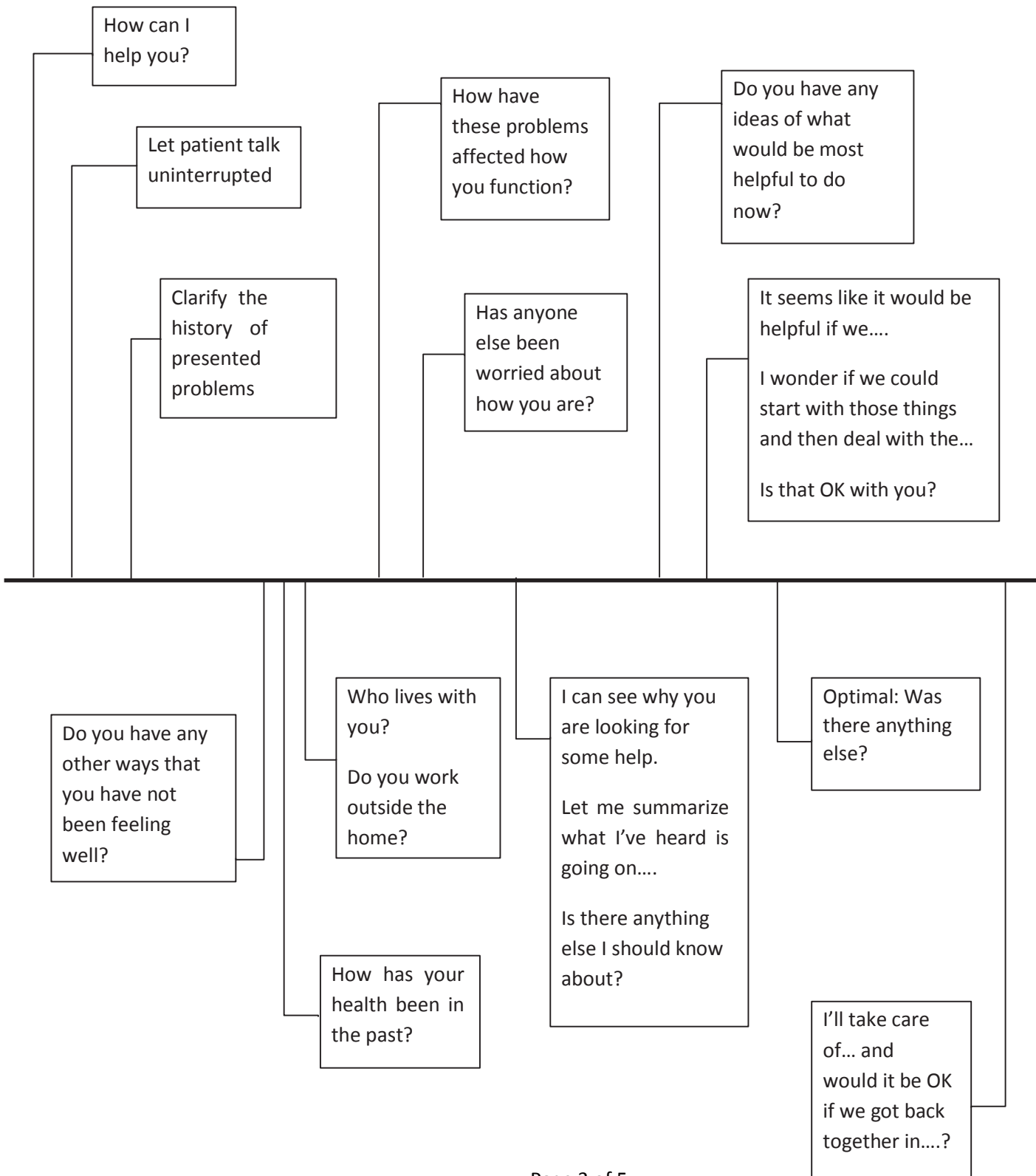
- Two problems, usually one medical and one psychosocial, sometimes both medical.
 - First problem usually flows out of the opening statement.
 - Two prompts (at 10 minutes and 7 minutes left), first prompt usually refers to second problem, and second prompt redirects to first problem—no penalty for prompts. Okay to redirect the conversation if a cue is given to finish what you are asking as long as you validate what you've heard and get permission to go back to it.
 - Use first 12 minutes for information gathering only.
 - Avoid educating the patient or managing the problems until after the 12 minute mark.
- Ask about FIFE (Feelings, Ideas, Function, and Expectations) for the two problems separately.
 - May come out in conversation naturally, otherwise, need to ask!
 - Equal weighting is given in marking for the problem identification and FIFE.
- To address context identification, ask about their living situation, and do a family and social Hx. Ask about social supports and the quality of all their relationships. Ask about their work situation and their finances. Do not make assumptions!
- Context integration (summary) statement should be given at around the 12-minute mark.
 - Pause and make a distinct statement..."So, let me summarize what I've heard..."
 - Need to link the problem and not just parrot back what they have heard.
 - Do not include management/teaching in this statement.

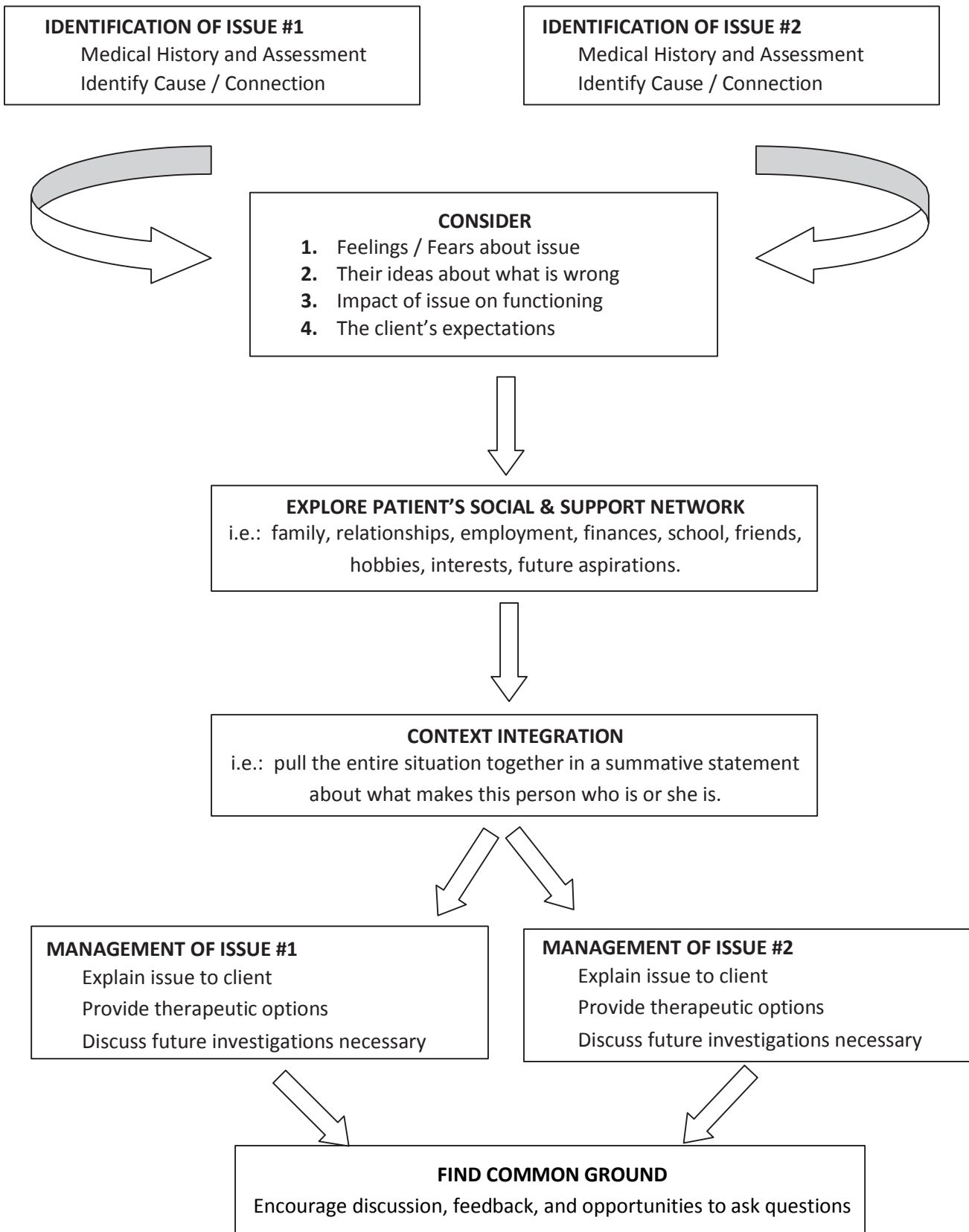


- At the three-minute mark, actors cannot volunteer any new information and can only answer direct questions.
- Manage problems separately. SPELL OUT each problem for examiners.
 - Get old records/ER reports, if applicable.
 - Consider PHE, labs, referrals.
 - Be specific with all aspects of management plans and when to follow-up.
- Negotiate plans with patients in depth. Fifty per cent of marks from management plan come from negotiating plans.
- Process what you are thinking out loud. Examiners cannot give points for what they don't hear.
- Avoid leading and double-barreled questions. Do not interrupt patients. Use techniques such as responding to feelings, validation and reflection when appropriate.
- Keep note-taking to a minimum.



SOO Examination Blueprint







Finding Common Ground

PRINCIPLED NEGOTIATION

- Separate the people from the problem. It is better to see the problem as being “out there” and the participants as working together to attack the problem, not each other.
- Focus on interests, not positions. People tend to stake out a position and defend it as if it were personal territory.
- Often the underlying interests are forgotten in the battle.
- Generate a variety of possibilities before deciding what to do. Having too much emotional investment in one approach inhibits creativity.
- Use objective criteria to judge the solution, rather than pit one personal opinion against another.

The Process of Finding Common Ground

There is a need for doctor and patient to have some agreement about the nature of what is wrong. Even if the doctor does not believe the patient’s explanation for the disease, the doctor’s explanation and treatment plan must at least be consistent with the patient’s point of view and make sense in the patient’s world.

Doctors should not ignore their patient’s expectations because in doing so they risk misunderstanding their patient. Patients may be unwilling to hear the doctor’s ideas if they feel they have not been heard first. Timing of inquiries about patient’s expectations is important; neither too early in the interview, nor near the end.

When there is profound disagreement about the nature of the problem or treatment, it may help to look at the relationship between the doctor and patient and their expectations of each other’s roles. Avoiding blaming of the patient or themselves is usually the most effective attitude.

Specifically:

The physician clearly describes his/her definition of the problem, management goals, and potential roles for care.

For each phase above: the patient is given the opportunity to ask questions and raise concerns or issues; these concerns are mutually discussed; there is an explicit expression by both patient and physician on their agreement with problem definition, management etc. If there is disagreement a flexible response of the physician would enhance the finding of common ground.