

CFPC Practice Exam 2020/2021

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Disclosure Statement

Dr. Cavett

- Academic appointment with the Department of Family Medicine, U of M
- Course Director, U of M CPD, CFPC Exam Prep Course
- Paid consultant for the Medical Council of Canada
 - Vice-Chair of Central Examination Committee
- No financial interest in the CFPC examination
- This presentation has not been endorsed by the CFPC



Disclosure Statement

Dr. Sobowale

- Academic appointment with the Department of Family Medicine, U of M
- Assistant Course director, U of M CPD, CFPC Exam Prep Course
- Recurring examiner for the CFPC examinations
- This presentation has not been endorsed by the CFPC

Schedule

- **Agenda**
- 0830-0855 Check in – test audio and video – grab a coffee prior to the Orientation!
- 0900-1030 SAMP Orientation 1.5 hrs
- 1030-1045 Stretch Break 15 min
- 1045-1245 SAMP Exam 2 hrs
- 1245-1305 Lunch 20 min
- 1305-1435 Candidates mark exam 1.5 hrs
- 1435-1505 Group Debrief 30 min
- 1505-1520 Wrap up and evaluation 15 min

LEARNING OBJECTIVES



DEMYSTIFY SAMP-STYLE QUESTIONS



IDENTIFY IMPORTANT RESOURCES

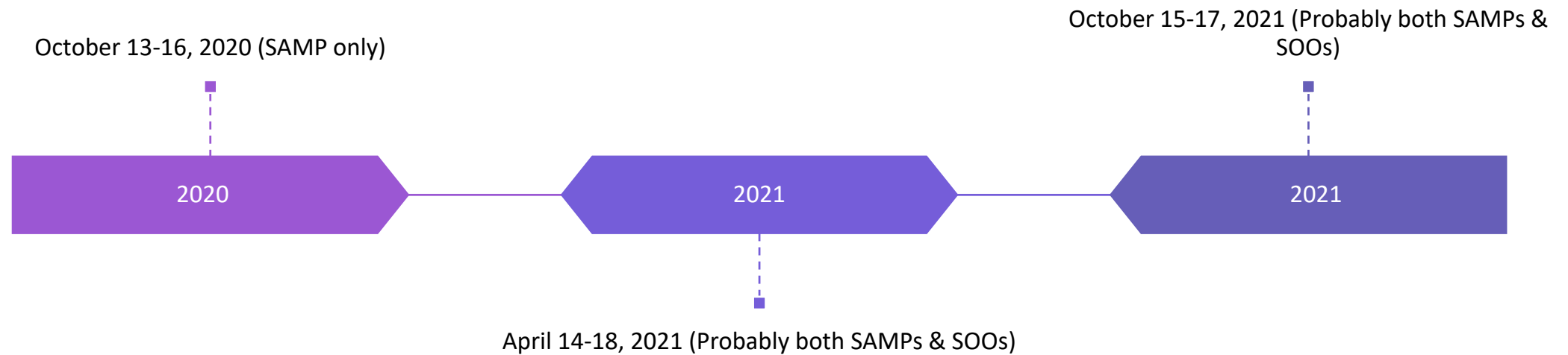


PRACTICE SAMP QUESTIONS



DEVELOP TIMELINES TO GUIDE
PREPARATION

Exam dates.....Show of hands?



Exam administration



Must sit full exam the first time you take it.



If you fail both parts, you must take full exam when you next sit it.



If you fail one part, you may take that part **3** more times. If you fail in all **3** attempts, you must take the full exam when you next sit it.



Exam eligibility expires with the **3rd** failed attempt at the full exam
OR **3** years after completing qualifying training



Regaining eligibility set by CFPC, varies by eligibility class

Pandemic pivot Overview

Fall 2020: no SOOs

- Certification awarded based on SAMPs

Spring 2021 and forward: SOOs should return
(exact date TBD)

NEW: 105 Priority Topics

SAMPs offered through Prometric

NEW: Remote proctoring

- Specific IT requirements

Exam Accommodations

MUST identify at time of exam application

Documents due 12 weeks before exam date

CFPC reserves right to select location for
accommodated exam

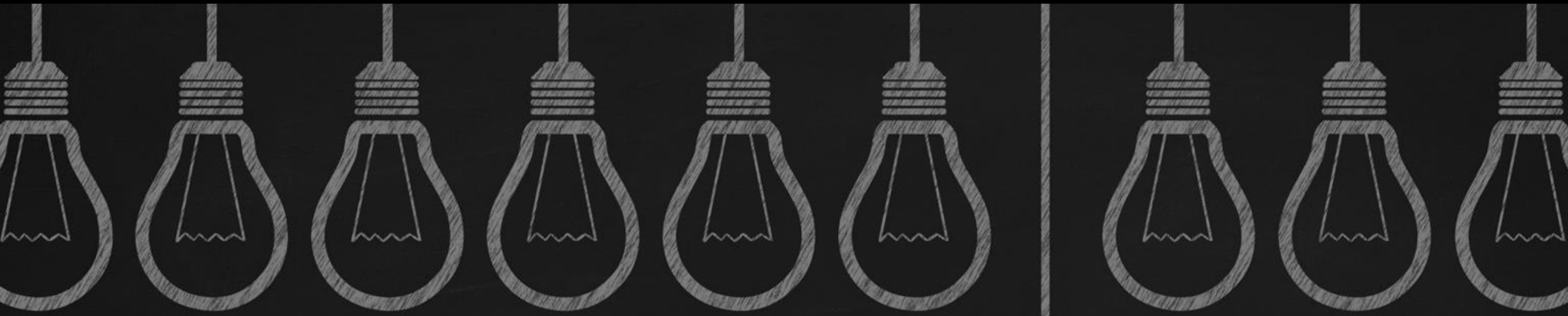
Must have documentation to support

Supported by fully licensed qualified practitioner(s)

Supported by objective evidence/testing

Generally from own university

Granted for each exam individually



So, what's new?



Six New Priority topics



CHRONIC
PAIN



HEART
FAILURE



PAIN



RASH



RENAL
FAILURE



SHORTNESS
OF BREATH

Chronic Pain

<i>Key Feature</i>	<i>Skill</i>	<i>Phase</i>
1 In a patient with chronic pain: a) Establish the etiology	<i>Clinical reasoning</i> <i>Selectivity</i>	<i>Diagnosis</i>
b) Reassess and periodically review the etiology (e.g., previously undisclosed abuse, evolution of the underlying cause)	<i>Clinical reasoning</i> <i>Selectivity</i>	<i>Diagnosis</i> <i>Follow-up</i>
c) Periodically look for potential comorbidities or complications, particularly mental illness and addictions	<i>Clinical reasoning</i>	<i>Hypothesis</i> <i>Follow-up</i>
2 In a patient with chronic pain who complains of significantly increased pain, search for an alternative etiology (e.g., malignancy, addiction, diversion) as you cannot assume that the original cause of the pain is the reason for the exacerbation.	<i>Clinical reasoning</i>	<i>Hypothesis</i> <i>Diagnosis</i>
3 In a patient in whom you did not make the initial diagnosis of chronic pain: a) Establish an effective relationship	<i>Clinical reasoning</i>	<i>Treatment</i>
b) Verify the diagnosis	<i>Clinical reasoning</i>	<i>Diagnosis</i>
c) Clarify goals of treatment and plans for management	<i>Patient-centred Approach</i>	<i>Treatment</i>
4 In managing a patient with chronic pain: a) Use shared decision-making	<i>Clinical reasoning</i> <i>Patient-centered approach</i>	<i>Treatment</i>
b) Engage other professionals in this care when appropriate	<i>Clinical reasoning</i> <i>Professionalism</i>	<i>Treatment</i> <i>Referral</i>
5 In a patient with chronic pain: a) Comprehensively document the assessment, plan, goals, and prescription details	<i>Communication</i>	<i>Follow-up</i>
b) Make the treatment plan appropriately accessible (e.g., to the patient, team members, emergency department, on-call doctors, pharmacy)	<i>Communication</i> <i>Professionalism</i>	<i>Follow-up</i>
6 When prescribing medications with abuse potential in a patient with chronic pain where you have no established relationship or insufficient records, be prudent in your prescribing (e.g., limit doses, document reasons, check for double doctoring). Do not simply provide or refuse to prescribe.	<i>Professionalism</i> <i>Selectivity</i>	<i>Diagnosis</i> <i>Treatment</i>
7 Use a written treatment contract with realistic consequences (e.g., limiting prescribed quantities/carries) when prescribing medications with abuse potential to a patient with chronic pain.	<i>Communication</i> <i>Professionalism</i>	<i>Treatment</i> <i>Follow-up</i>
8 When a patient with chronic pain has breached a contract: a) Manage your own emotions	<i>Professionalism</i>	<i>Treatment</i>
b) Address the possible impact on your staff and team	<i>Professionalism</i>	<i>Treatment</i>
c) Apply or judiciously amend the contract (e.g., not putting a patient into immediate withdrawal)	<i>Clinical reasoning</i> <i>Professionalism</i>	<i>Treatment</i>
9 In a patient with chronic pain and addiction who presents with a destabilization of behaviour, carefully identify the etiology and contributing factors to adapt your management plan.	<i>Clinical reasoning</i> <i>Patient-centred Approach</i>	<i>Hypothesis</i> <i>Treatment</i>

EXAM FORMAT



4.5 HOURS DURATION



15 MIN BREAK



15 MIN ADMIN TIME



30+ SAMP QUESTIONS

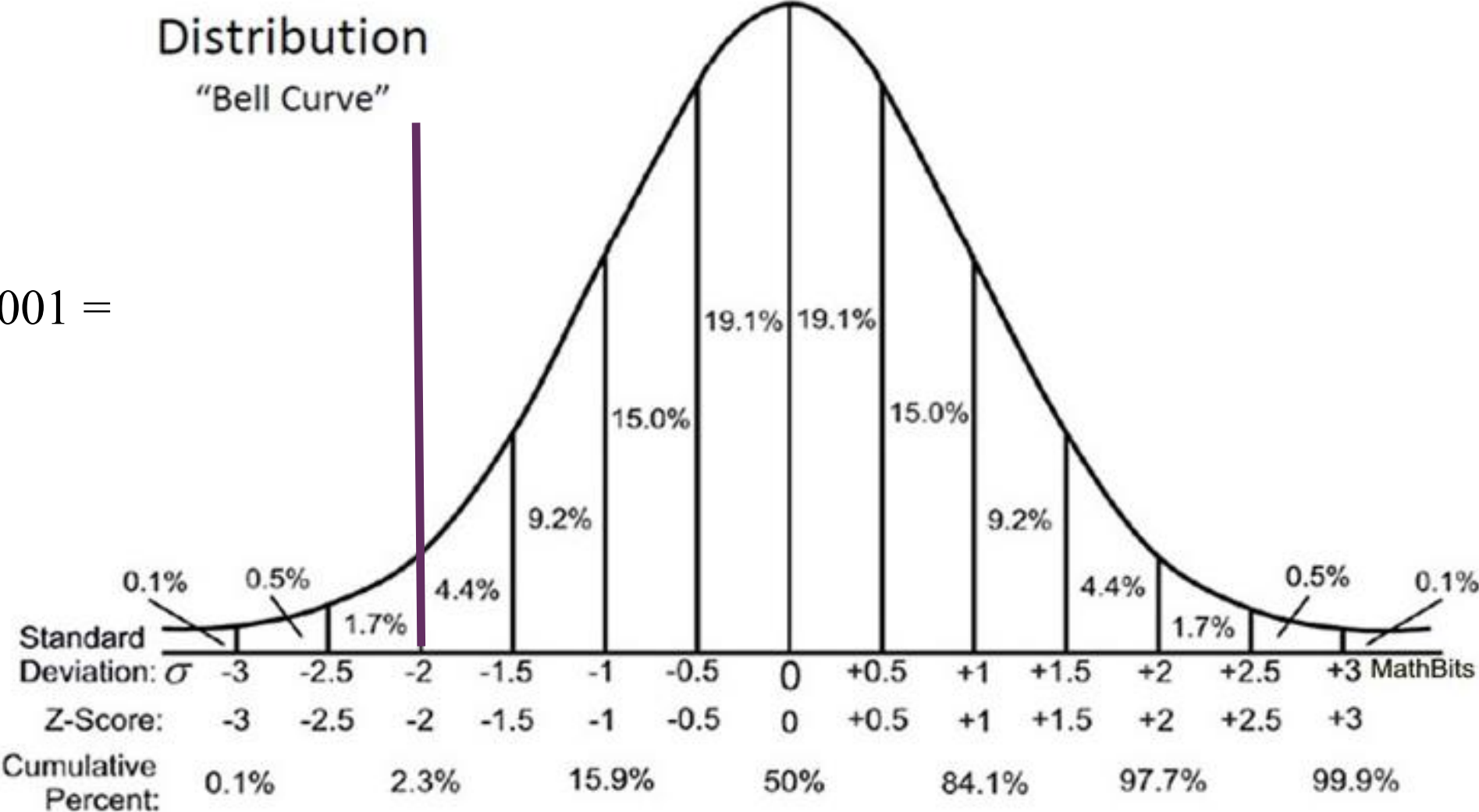
Content

- *Assessment Objectives for Certification in Family Medicine*, CFPC, May 2020, 2nd edition
- 105 Priority Topics
- 65 Core Procedures
- 8 updated priority topics
- 3 Supplementary areas: Rural & Remote Family Medicine; Intrapartum & Perinatal Care; Mental Health

DETERMINING A PASS

Standard Normal
Distribution
"Bell Curve"

$Z \leq -2.001 = 2.3\%$

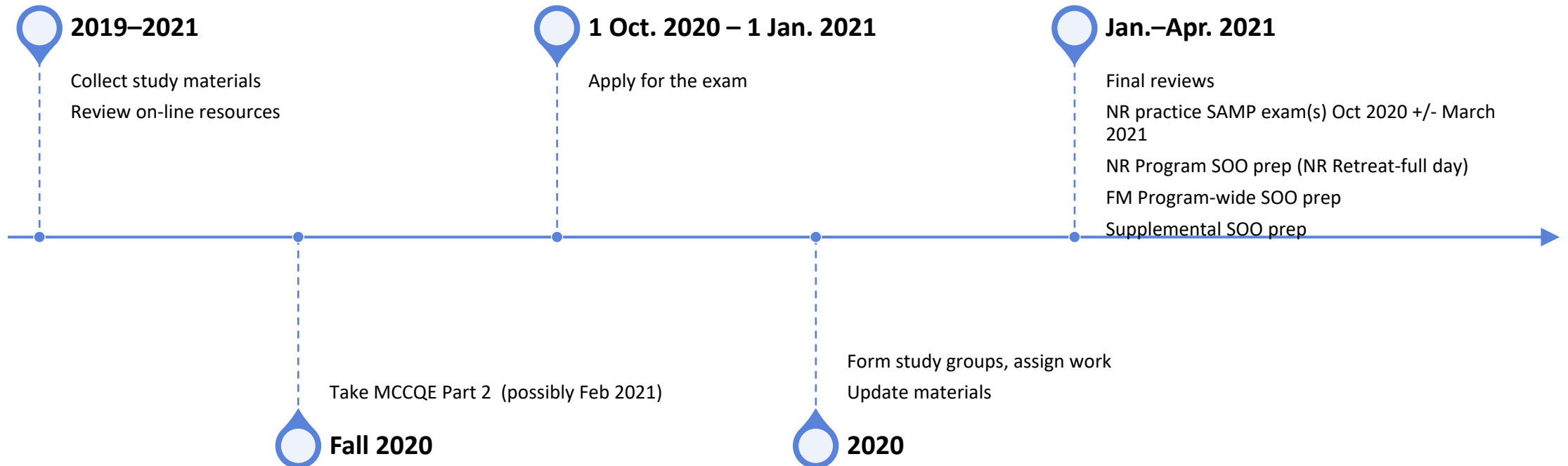


Exam Pass Rates

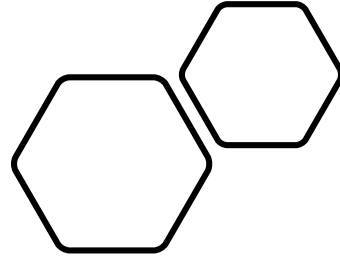
- National pass rates for 1st time CFPC residency-trained candidates = 90-92%
- Practicing physicians = much lower (50-70%)
- Repeat exam takers = variable

- U of M FM failed candidates (76)
 - SAMPs (53/76) 70%
 - SAMPs & SOOS (18/76) 23%
 - SOOs (5/76) 7%

Timeline April 2021 Exam



Exam Preparation strategies



- U of M Family Medicine Toolkit
- McMaster University PBSG modules
- CFPC Self-Learning Modules
- CFPC on-line SAMP practice exam
- CFPC on-line SOO library & videos
- *Dr. Mike Kerlew Presents...* (online podcasts)
- <https://99topics.drboychard.ca/studynotes.pdf>

Family Medicine: Home

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Covid-19 - NJMHS Library Update

The NJMHSL is currently closed. HOWEVER, we are still here to help! Contact us at healthlibrary@umanitoba.ca or email your health librarian directly for remote assistance. See the [Libraries' COVID-19 update page](#) for information for further service details.

Go to

- NJM Health Sciences Library
- Department of Family Medicine

Point of Care Resources

- AccessMedicine
- ClinicalKey
- Cochrane Library
- LexiComp Online
- UpToDate


Drugs & Therapeutics - Databases

- AccessPharmacy
- RxTx (CPA) 
- LexiComp Online
- Natural Medicines (formerly Natural Standard)

Find books on Family Medicine @ UM Libraries

- Library Search

Find articles in Family Medicine

- PubMed
- Scopus
- EMBASE
- Google Scholar 

Physician Assisted Death

- Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying 
- News Release: Manitoba College of Physicians and Surgeons releases draft statement on doctor-assisted dying 
- Information Regarding Physician Assisted Death - Doctors Manitoba 
- Update: What the Supreme Court of Canada decision on physician-assisted dying means for physicians - CMPA

2014 Obstetrics Readings & Fetal Monitoring Tutorial

Fetal Monitoring Tutorial, Quillen College of Medicine, East Tennessee State University

<http://www.ob-efm.com>

Please review during the first week of your obstetrics rotation. This is a great on line tutorial!

Go to the 99 Topics Tab, select 2014 Obstetrics Readings

Ask a Librarian



Help

Apps

New for Family Medicine residents

- Guideline Review: Begin Here- Clinical tab
- Core Clinical Rotations Readings- The 99 tab

Manitoba SAMPs Collection

For Practice and 99 Teaching [\[view and download\]](#)

New SAMP Submission:

Manitoba FM residents and faculty are invited to submit new SAMPs to add to our collection here. Formatting and editing will be done before addition to our collection.

<https://drive.google.com/folderview?id=0B0qF5HM6SjKrWGdkT1Y1LWNBclU&usp=sharing>

If you would like to recommend references to support your SAMP for teaching purposes, please email mjamieson@sbgh.mb.ca for addition to The 99 tab.

Exam Preparation con't

- Exam preparation resources
 - **Choosing Wisely Canada**
 - Dash & Arnold; A guide to the Canadian Family Medicine Examination
 - O'Toole: Family Medicine Notes, preparing for the CCFP examination
 - Moseby's Family Medicine
 - Rx Files
 - www.cfpc.ca lists 36 textbook resources

Exam Preparation con't

- Journals
 - *Canadian Family Physician*
 - ***Review last 2-3 years for current articles***
 - ***CFPC.ca webinars on Top Ten articles***
 - *American Family Physician*
 - *Journal of the American Board of Family Practice*
 - *CMAJ*
 - *JAMA*
 - Specialty journals by topic

Beginning your exam preparation...

Review	Review 99 topic, look at Key Features
Find	Find review articles and Canadian guidelines on this topic
Maintain	Maintain a pan-Canadian perspective
Consider	Consider setting (clinic, ER, ward, PCH, etc.) <ul style="list-style-type: none">•How would your management changes in each setting?•Remember "CFPC Clinic & CFPC Hospital"

- Consider age group (children, adolescent, adult, elder)
 - What are the essential differences in management for each group?
- Consider vulnerable populations
 - How can you compensate for barriers to care?
 - What resources should you consider?

- SAMPs are **patient-centered cases**
 - **Age & gender specific**
- All questions relate **directly** to the case
- **Practice setting** is identified in the stem: answer the question with the setting in mind

Example

- A 65-year-old male presents to your clinic with a three-day history of chest pain.

Answering SAMPS – CFPC guidelines

- **TEN WORDS OR LESS**
- When ordering laboratory investigations be SPECIFIC. For example, CBC, electrolytes, lipid profile and arterial blood gases are not acceptable; you must list the specific indices/test you would like for that question.
- 1. hemoglobin
- 2. white blood cell count
- 3. potassium
- * **Urinalysis is an acceptable answer**

Answering SAMPS – CFPC guidelines

- When ordering other investigations, be SPECIFIC. For example, ultrasound is not acceptable, you must specify the body part to be examined.
- When listing medications, the use of generic names or trade names will be accepted.
- Give details about procedures ONLY IF DIRECTED TO DO SO.
- When providing values or measures only SI units will be accepted.

Answering SAMPS – CFPC guidelines

- Avoid abbreviations which are not commonly used and which may not be clear to an examiner.
- Put one answer per box, subsequent answers in the same box will not be considered.
- If your answer to a question is “none”, please type “none”. Do not leave the answer box empty.
- You won't lose marks for a wrong answer.

Best of success!