

CFPC PRACTICE SAMP EXAM 2021

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UNIVERSITY
OF MANITOBA

Rady Faculty of
Health Sciences

Disclosures:

Dr. Sobowale

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

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
 - Chair of Central Examination Committee
- No financial interest in the CFPC examination
- This presentation has not been endorsed by the CFPC



Schedule

- 0830-0855 Check in – test audio and video – grab a coffee prior to the orientation
- 0900-1030 SAMP Orientation
- 1030-1045 Stretch Break
- 1045-1245 SAMP Exam
- 1245-1305 Lunch
- 1305-1435 Candidates mark exam
- 1435-1505 Group Debrief
- 1505-1520 Wrap up and evaluation

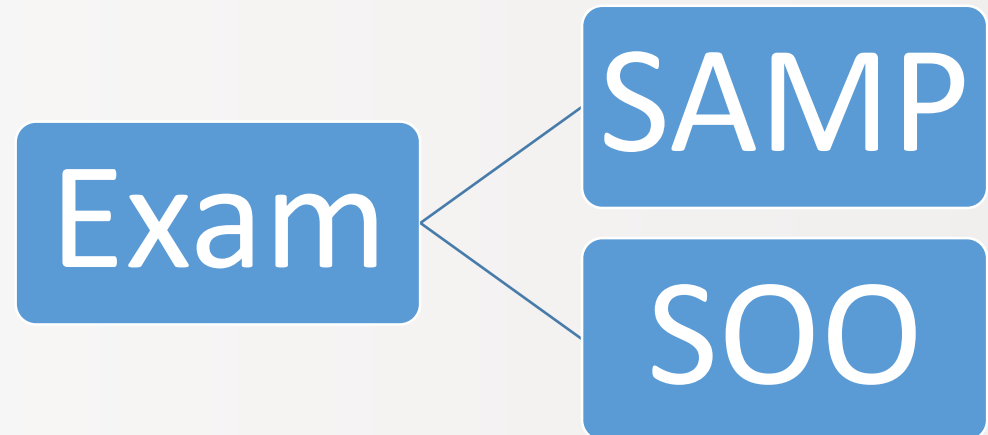


Learning Objectives

- Describe the SAMP style questions
- Identify important resources for prep
- Practice SAMP questions



Overview



Pre-COVID

Must sit full exam the first time you take it

If fail both parts, must take full exam next re-sit

If fail one part, may retake that component up to 3 times before will be required to repeat entire exam

Exam eligibility expires after 3rd failed attempt at full exam or 3 years after completing qualifying training pre-certification program

Candidates who requalify after expired eligibility will be required to start a new eligibility cycle



COVID modifications

For candidates writing the certification exam for the first time in 2021, the SOO component is cancelled and certification decisions will be based on successfully passing the SAMP component only.

For those who currently have a fail standing from a previous SAMP or who received a fail standing from the Oct 2020, the CFPC will only require the SAMP component of the exam to be re-taken in 2021.

For those who currently have a fail standing on the SOO component and need to repeat it for certification, the college will be offering a special administration of the SOO component in the fall of 2021



- Exam accommodation
- Exam setting / remote proctored



- 105 priority topics (from 99 topics)
- 65 core procedures
- Key Features

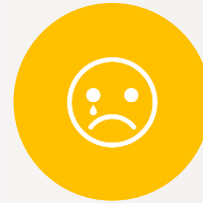




CHRONIC
PAIN



HEART
FAILURE



PAIN



RASH



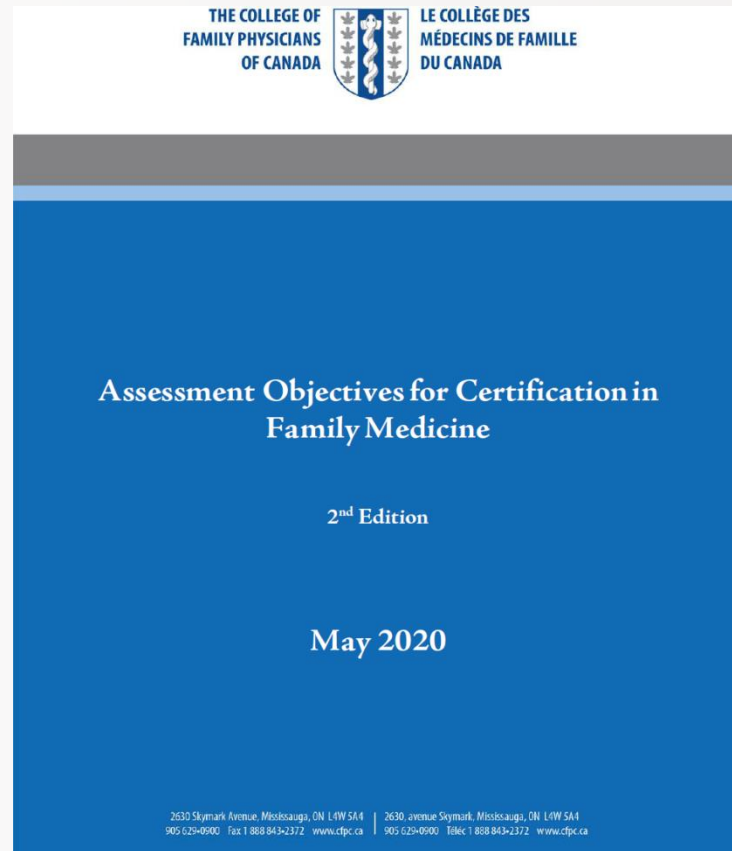
RENAL
FAILURE



SHORTNESS
OF BREATH



<https://www.cfpc.ca/en/education-professional-development/educational-frameworks-and-reference-guides/assessment-objectives-for-certification-in-fm>



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Priority topics

Part III: Priority Topics and Key Features

Priority Topics

Abdominal Pain	60
Advanced Cardiac Life Support	61
Allergy	62
Anemia	63
Antibiotics	64
Anxiety	65
Asthma	66
Atrial Fibrillation	67
Bad News	68
Behavioural Problems	69
Breast Lump	70
Cancer	71
Chest Pain	72
Chronic Disease	73
Chronic Obstructive Pulmonary Disease	74
Chronic Pain	75
Contraception	76
Cough	77
Counselling	78
Crisis	79
Croup	81
Deep Venous Thrombosis	82
Dehydration	83
Dementia	84
Depression	86
Diabetes	88
Diarrhea	89
Difficult Patient	90
Disability	91
Dizziness	92
Domestic Violence	93
Dyspepsia	94
Dysuria	95
Earache	96
Elderly	98
Epistaxis	99
Family Issues	100
Fatigue	101
Fever	102
Fractures	103
Gastro-intestinal Bleed	104
Gender Specific Issues	105



Key features

Part III: Priority Topics and Key Features

Abdominal Pain

Key Feature	Skill	Phase
1 Given a patient with abdominal pain, paying particular attention to its location and chronicity: a) Distinguish between acute and chronic pain. b) Generate a complete differential diagnosis (ddx). c) Investigate in an appropriate and timely fashion.	<i>Clinical Reasoning</i> <i>Clinical Reasoning</i> <i>Clinical Reasoning Selectivity</i>	<i>History</i> <i>Hypothesis generation</i> <i>Diagnosis</i> <i>Investigation</i>
2 In a patient with diagnosed abdominal pain (e.g., gastroesophageal reflux disease, peptic ulcer disease, ulcerative colitis, Crohn's disease), manage specific pathology appropriately (e.g., with medication, lifestyle modifications).	<i>Clinical Reasoning</i>	<i>Treatment</i>
3 In a woman with abdominal pain: a) Always rule out pregnancy if she is of reproductive age. b) Suspect gynecologic etiology for abdominal pain. c) Do a pelvic examination, if appropriate.	<i>Clinical Reasoning</i> <i>Clinical Reasoning</i> <i>Clinical Reasoning</i>	<i>Hypothesis generation</i> <i>Investigation</i> <i>Hypothesis generation</i> <i>Physical</i> <i>Diagnosis</i>
4 In a patient with acute abdominal pain, differentiate between a surgical and a non-surgical abdomen.	<i>Clinical Reasoning Selectivity</i>	<i>Physical</i> <i>Diagnosis</i>
5 In specific patient groups (e.g., children, pregnant women, the elderly), include group-specific surgical causes of acute abdominal pain in the ddx.	<i>Clinical Reasoning Selectivity</i>	<i>Hypothesis generation</i> <i>Diagnosis</i>
6 Given a patient with a life-threatening cause of acute abdominal pain (e.g., a ruptured abdominal aortic aneurysm or a ruptured ectopic pregnancy): a) Recognize the life-threatening situation. b) Make the diagnosis. c) Stabilize the patient. d) Promptly refer the patient for definitive treatment.	<i>Selectivity</i> <i>Clinical Reasoning</i> <i>Selectivity</i> <i>Clinical Reasoning</i> <i>Selectivity</i>	<i>Diagnosis</i> <i>Diagnosis</i> <i>Treatment</i> <i>Diagnosis</i> <i>Referral</i>
7 In a patient with chronic or recurrent abdominal pain: a) Ensure adequate follow-up to monitor new or changing symptoms or signs. b) Manage symptomatically with medication and lifestyle modification (e.g., for irritable bowel syndrome). c) Always consider cancer in a patient at risk.	<i>Clinical Reasoning</i> <i>Clinical Reasoning</i> <i>Communication</i> <i>Clinical Reasoning</i>	<i>Follow-up</i> <i>Treatment</i> <i>Hypothesis generation</i> <i>Diagnosis</i>
8 Given a patient with a diagnosis of inflammatory bowel disease (IBD) recognize an extra intestinal manifestation.	<i>Clinical Reasoning</i>	<i>Hypothesis generation</i> <i>Diagnosis</i>



EXAM FORMAT



4.5 HOURS DURATION



15 MIN BREAK



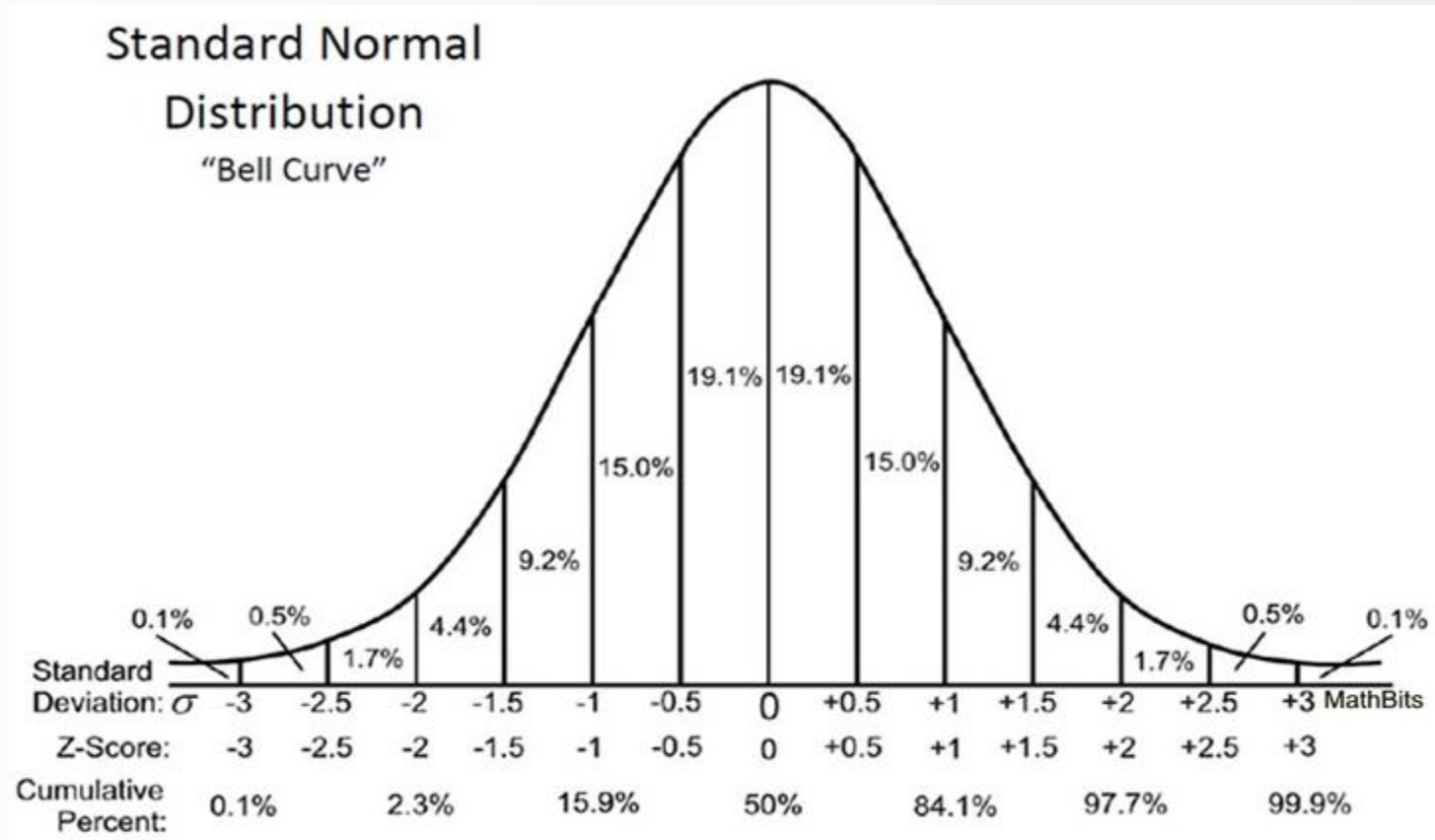
15 MIN ADMIN TIME



30+ SAMP QUESTIONS



Determining a pass



Useful resources...

- 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.dr.bouchard.ca/studynotes.pdf>



And more...

- 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



And more... journals

- Canadian Family Physician
- Review last 2-3 years for current articles
- American Family Physician
- Journal of the American Board of Family Practice
- CMAJ
- JAMA
- Specialty journals by topic
- NEJM



Preparation perspectives

REVIEW 105 priority topics and clinical features

FIND review articles and Canadian guidelines on the topic

MAINTAIN a pan-Canadian perspective

CONSIDER setting (clinic, ER, ward, PCH etc)



- Consider age group – children, adolescent, adult, elderly.

What are the essential differences in management for these groups?

- Consider vulnerable populations

How can you compensate for barriers to care?

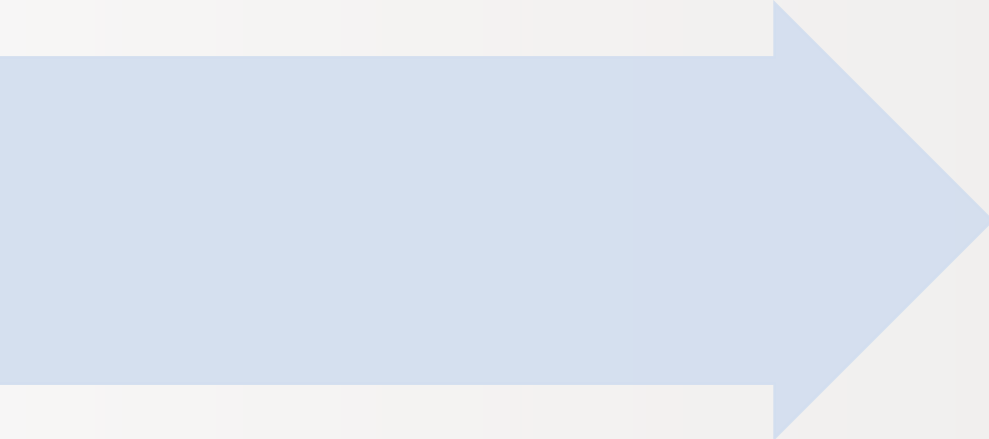
What resources should you consider?



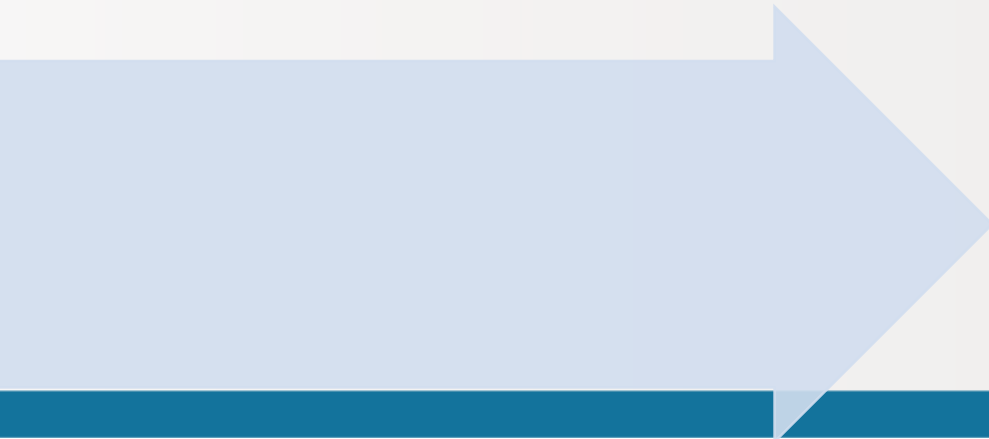
- SAMPs are patient centered cases – age and gender specific
- All questions relate directly to the case
- Practice setting identified in the stem: answer question with setting in mind



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



A 10 day old female
was brought to the
emergency room by
her parents



Answering SAMPs

- **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

- 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

- 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.

