# CFPC PRACTICE SAMP EXAM 2021

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### **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 (SOO and SAMP) 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 Examination Oversight Committee
- Advisor to CFPC re Virtual SOO development
- No financial interest in the CFPC examination
- This presentation has not been endorsed by the CFPC

# Schedule

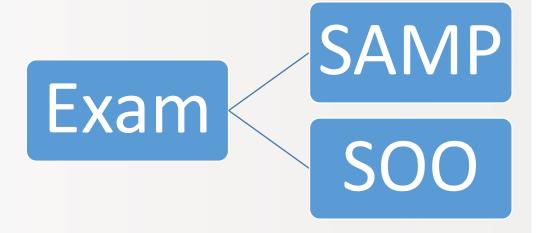
- 0830-0855 Check in test audio and
   video grab a coffee prior to the orientation
- 0900-1030 SAMP Orientation
- 1030-1045 Stretch Break
- 1045-1245 SAMP Exam
- 1245-1305 Lunch
- 1305-1435 Candidates mark exam
- 1435-1505 Group Debrief
- 1505-1520 Wrap up and evaluation



# 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 3<sup>rd</sup> 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 Format**



SAMPS: computer based

Prometric test centres
ProProctor if remote proctored



SOOs:

Virtual delivery (beginning in Nov '21)

Details TBD

- 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



# **Priority topics**

art III: Priority Topics and Key Features

#### Part III: Priority Topics and Key Features

#### Priority Topics

Abdominal Pain 60
Advanced Cardiac Life Support 61
Allergy 62
Anemia 63
Antibiotics 64
Anxiety
Asthma. 66
Atrial Fibrillation 67
Bad News. 68
Behavioural Problems 69
Breast Lump. 70
Cancer 71
Cancer 71 Chest Pain 72
Chronic Disease 73
Chronic Disease
Chronic Pain
Contraception
Cough
Counselling
Crisis
Croup
Deep Venous Thrombosis
Dehydration
Dementia 84
Depression 86
Diabetes. 88
Diarrhea
Difficult Patient. 90
Disability 91
Dizziness 92
Domestic Violence
Dyspepsia. 94
Dysuria. 95
Earache 96
Elderly 98
Epistaxis 99
Family Issues 100
Family Issues 100 Facigue 101
Fever
Fractures. 103
Gastro-intestinal Bleed
Gender Specific Issues
<b>E7</b> I P 2 g 2

# **Key features**

	Part III: Priority Topics and Key Features	
Abdominal Pain		
Key Feature	Skill	Phase
Given a patient with abdominal pain, paying particular attention to its lossion and characters.		
its location and chronicity:  a) Distinguish between acute and chronic pain.	Clinical Reasoning	History
b) Generate a complete differential diagnosis (ddx).	Clinical Reasoning	Hypothesis generation Diagnosis
c) Investigate in an appropriate and timely fashion.	Clinical Reasoning Selectivity	Investigation
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).	Clinical Reasoning	Treatment
<ol> <li>In a woman with abdominal pain:</li> <li>a) Always rule out pregnancy if she is of reproductive age.</li> </ol>	Clinical Reasoning	Hypothesis generation Investigation
b) Suspect gynecologic etiology for abdominal pain.	Clinical Reasoning	Hypothesis generation
c) Do a pelvic examination, if appropriate.	Clinical Reasoning	Physical Diagnosis
4 In a patient with acute abdominal pain, differentiate between a surgical and a non-surgical abdomen.	Clinical Reasoning Selectivity	Physical Diagnosis
5 In specific patient groups (e.g., children, pregnant women, the elderly), include group-specific surgical causes of acute abdominal pain in the ddx.	Clinical Reasoning Selectivity	Hypothesis generation Diagnosis
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): <ul> <li>a) Recognize the life-threatening situation.</li> </ul>	Selectivity	Diagnosis
b) Make the diagnosis.	Clinical Reasoning	Diagnosis
c) Stabilize the patient.	Selectivity Clinical Reasoning	Treatment
d) Promptly refer the patient for definitive treatment.	Selectivity	Diagnosis Referral
7 In a patient with chronic or recurrent abdominal pain:  a) Ensure adequate follow-up to monitor new or changing symptoms or signs.	Clinical Reasoning	Follow-up
<ul> <li>b) Manage symptomatically with medication and lifestyle modification (e.g., for irritable bowel syndrome).</li> </ul>	Clinical Reasoning Communication	Treatment
c) Always consider cancer in a patient at risk.	Clinical Reasoning	Hypothesis generation Diagnosis
8 Given a patient with a diagnosis of inflammatory bowel disease (IBD) recognize an extra intestinal manifestation.	Clinical Reasoning	Hypothesis generation Diagnosis
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4.5 HOURS DURATION



15 MIN BREAK

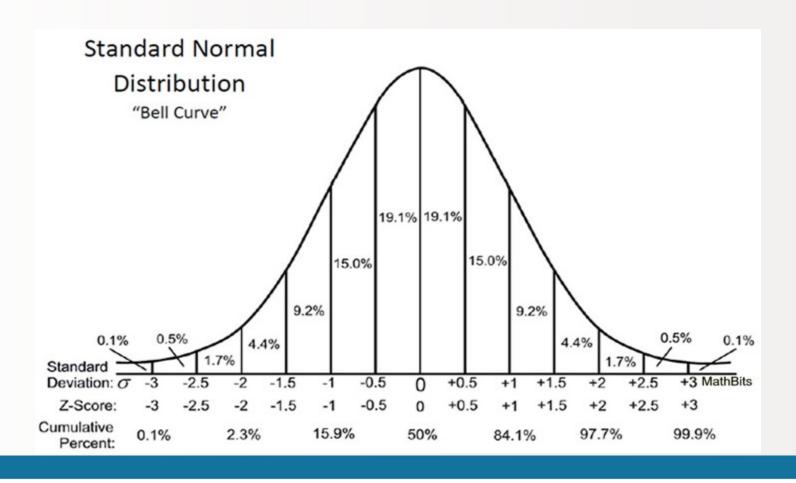


15 MIN ADMIN TIME



**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.drbouchard.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 (highlighted article list)
- 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 year 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.