Guide to the Certification Examination in Family Medicine
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PREFACE

This guide is intended for all candidates planning to sit the Certification Examination in Family Medicine of the College of Family Physicians of Canada. It is intended to provide you with some of the background information you will need to prepare for the examination.

Those of you who are qualifying for the examination as residency eligible candidates will have an opportunity to discuss and practice various components of the examination in your own programs. For those candidates who are qualifying as U.S. residency eligible or as practice eligible candidates, you are invited to approach the nearest University Department of Family Medicine or the Provincial Chapter of the College to arrange for some practice sessions. Some of the training programs and College Chapters run examination orientation workshops prior to the spring and fall exams.

The Certification Examination in Family Medicine is designed to test a candidate's knowledge and skills related to the four principles of family medicine. It is not intended to set a standard of excellence but rather to measure the effectiveness of the candidate as a family physician. By certification in family medicine, the College recognizes the achievement of a standard of practice for which all Canadian family physicians should strive.

The Certification Examination in Family Medicine is a comprehensive assessment of a physician's knowledge and skills. Candidates will be examined on the application of the patient centered clinical method as applied to the breadth and depth of clinical family practice. Breadth of practice is considered to be the delivery of care in the office, hospital or home as well as a variety of other settings for both female and male patients of all age groups. Depth of practice is considered to be a practice which is not restricted to a single disease, or organ, or body system and which includes an organized approach to health maintenance as well as management of illness involving any organ or body system.

The content of the examination is drawn from clinical family practice and those candidates who have been residency trained or whose practice is broadly based, should not encounter any questions or topics they would not find in their own day-to-day practice. Those candidates who have limited their practices, for example, excluding obstetrics or paediatrics should expect to find questions on these topics in the examination and would be advised to review their knowledge of these areas in preparation for the exam.

The College continually tries to improve the quality of its examination. As part of this process it will occasionally test various examination components during the conduct of the examination in one or more sites. This is a necessary activity to ensure the continued high quality of the examination and is commonly done by most examination bodies. The College will ensure that no candidate is ever hindered or unfairly assessed as a result of these studies.

The security of the examination is critical to its continued effectiveness. All candidates at the time they apply to sit the examination must sign a non-disclosure statement that they will not divulge the nature and content of any questions or answers on the Certification Examination in Family Medicine.

Good luck. We look forward to welcoming you as a new certificant of The College of Family Physicians of Canada.
GENERAL INFORMATION

- You will receive information about the exam site and the day of your oral exam approximately six weeks prior to the examination. If your oral exam is on Saturday, please do not make any arrangements to depart prior to 8:00 pm. If your oral exam is on Sunday, please do not make any arrangements to depart prior to 6:00 pm.

- Those who feel their performance will be adversely affected due to health or personal reasons should not sit the examination.

- As a courtesy to other candidates and examiners, please refrain from wearing strong perfume or aftershave during the examination.

- Booklets, papers, calculators, cell phones, pagers, palm pilots or any other electronic devices are not permitted in the examination rooms.

- Nametags and wristbands will be provided upon registration and must be worn throughout the examination.

- Food should not be consumed during the examination or brought into the examination room.

- Water stations may be available at the oral sites, but as this is not always possible, you may wish to bring a bottle of water in a CLEAR container with the LABEL removed.

- Coffee, tea and water will be provided at the written examination.

- Breakfast and lunch will not be provided.

- Pencils will be provided for your use at the written examination; you may bring a pen.

- During the oral examination there will be a timer present on the desk. This timer is for the examiner’s use only and it will be considered the official time.

- Pencils and pads will be provided for the oral examination.

- Oral examiners are not permitted to provide candidates with any information about their performance during or after the oral examination.

- Please dress for the oral examination as you would in your daily practice. You are not required to wear lab coats or bring medical equipment with you.
EXAMINATION DESCRIPTION

A. CONTENT
The responsibility for the design and content of the certification examination has been entrusted to the College’s Committee on Examinations. The examination is designed to assess the knowledge and skills of candidates in relation to the four principles of family medicine (see appendix A):

- The family physician is a skilled clinician.
- Family medicine is a community-based discipline.
- The family physician is a resource to a defined practice population.
- Patient/physician relationship

B. EXAMINATION COMPONENTS

THE WRITTEN EXAMINATION
The written examination is comprised of approximately 40 to 45 short answer management problems (SAMPs) designed to test a candidate’s recall of factual knowledge and problem solving abilities in the area of definition of health problems, management of health problems, and critical appraisal. A sample SAMP has been provided with this booklet to familiarize you with the examination format and the scoring approach. More sample cases are available in the Exams and Certification section on the CFPC website (www.cfpc.ca).

The written portion of the examination will be conducted on the first day and will be approximately six hours in length divided between morning and afternoon.

THE ORAL EXAMINATION
The oral examination is comprised of five simulated office orals (SOOs) each 15 minutes in length. They are designed to duplicate, insofar as possible, the actual “setting” in which the family physician conducts a practice. Family physician examiners are trained to role-play patients presenting with specific complaints. The physician playing the role of the patient notes the management of the case by the candidate and he or she will score the candidate according to pre-defined criteria. This examination will assess both the definition and management of health problems. The scoring system has been devised to focus on the candidate’s approach to dealing with patients -- including their ability to understand the patient's unique experience and to establish a positive doctor-patient relationship. Getting the “right diagnosis” plays only a minor role in the scoring. There are no hidden agendas.

A video demonstration of a SOO is available for download from the Exams and Certification section on the CFPC website (www.cfpc.ca). It is also available on DVD, upon request, for candidates who do not have access to the Internet.
HOME STUDY FOR CERTIFICATION

Because the certification examination is clinically oriented and reflective of the day-to-day practice of family medicine, the most effective way to prepare for it is to participate actively in clinics, family medicine offices and learning opportunities such as case discussions, rounds and journal clubs. That said, it should be easy to study for the examination at home. Create an individual program of continuing medical education to fit into your own schedule. There are many convenient ways of keeping up-to-date with developments in primary care and family medicine. A few of the most popular options are listed here.

REVIEW PROGRAMS

Self Learning®
Self Learning® is a voluntary, Internet-based, CFPC educational program that allows physicians to evaluate themselves on how well they are able to keep in touch with current issues in the medical literature. Written by a group of family physicians from across Canada, the program is self-contained with all the information needed to understand new research results and therapeutic techniques. Residents in family medicine may register to have free online access to the Self Learning program. For more detailed information, check the CFPC website at www.cfpc.ca or contact the Self Learning staff at (905) 629-0900, Fax: (905) 629-0893, or slinfo@cfpc.ca.

Home Study and Self-Assessment Program - American Academy of Family Physicians
The College of Family Physicians of Canada has endorsed this program for use by its members. Audio, monograph, and combined subscriptions are available on topics of current interest. For further information contact the American Academy of Family Physicians www.aafp.org/hssa/ or (913) 906-6000 x5298; fax (913) 906-6285; homestudy@aafp.org; or AAFP Home Study, 11400 Tomahawk Creek Parkway, Leawood, KS 66211.

OTHER PROGRAMS
Many other CME formats, including interactive on line CME, are also available. For lists of CME programs eligible for MAINPRO credits, please click on CME > Mainpro at the CFPC website www.cfpc.ca.

BOOKS AND JOURNALS
Several self-assessment and review books are published, with new editions every couple of years. These books are typically written to help candidates prepare for the American Board of Family Practice examinations; there are no books written specifically for the Canadian examinations. Some recent examples are:

Many physicians preparing for the exam have found it useful to quickly review the current edition of their favourite textbook in each of the major clinical disciplines contributing to family medicine: obstetrics, pediatrics, medicine, surgery and psychiatry.

Journals also offer opportunity for review. Canadian Family Physician, the official publication of the College of Family Physicians, publishes useful clinically oriented articles pertinent to the practice of family medicine in Canada. Journals of other national colleges and academic associations of family medicine include American Family Physician, Journal of the American Board of Family Practice, and the BJGP: British Journal of General Practice. Journals such as Journal Watch and the ACP Journal Club provide critical summaries of the original research literature, and are intended to help apply relevant, high-quality research to the practice of medicine.

For a convenient list of links to online journals and books of interest to family physicians, please refer to the Canadian Library of Family Medicine website.

The Canadian Library of Family Medicine
The College's library service is always ready to help with any of your information needs. Book loans and article copying are two popular services used by those preparing for the exam. CFPC members are entitled to five free literature searches and copies of twenty-five articles free each year, and book/av loans are free. Contact the library for detailed information on literature searches, photocopying, book/av loans, and other services. Let the library help you prepare for certification in the way that best suits you.

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Natural Sciences Centre, University of Western Ontario
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(519) 661-3170 Fax: (519) 661-3880
cifm@uwo.ca www.cfpc.ca/cifm
CANDIDATE CODE OF CONDUCT

Any action that might compromise the proper conduct of the Certification Examination in Family Medicine of the College of Family Physicians of Canada is considered unprofessional behaviour and is in breach of the Candidate Code of Conduct. Such actions might include:

- attempting to give or receive information from other candidates (talking or passing notes) or from any other source (i.e., using an electronic device) during the examination,
- attempting to observe the answers of, or show answers to, another candidate,
- attempting to copy or remove examination materials from the examination site,
- attempting to divulge to anyone the nature or content of any question or answer on the Certification Examination in Family Medicine.

Any candidate found to have violated the Candidate Code of Conduct will face penalties to be determined by the CFPC Board of Examiners. Consequences of unprofessional behaviour may include forfeiture of examination fees, invalidation of examination results, suspension or disqualification from future examinations.

A. NON-DISCLOSURE STATEMENT

The certification examination in family medicine has become an important part of the licensure of family physicians in Canada. This relatively new role for the examination has resulted in candidates seeking every means to be successful. To help colleagues prepare for the examination, some candidates have undertaken to memorize the content of the examination and circulate this information to candidates who would be sitting future examinations.

The nature of our written examination is relatively vulnerable to this kind of activity, as we must reuse questions in order to ensure that we are maintaining a reliable and valid instrument. The circulation of examination content among candidates has jeopardised our ability to provide a reliable and valid instrument without increasing exam fees to cover the additional cost of preparing entirely new examinations each year. We hope to be able to minimise this by the institution of a non-disclosure statement which we will require all candidates to sign at the time of application as part of their eligibility to sit the examination. Candidates will be required to sign this statement again at the start of each component of the examination.

In recognition of the duty of The College of Family Physicians of Canada and of myself to the public to ensure that only physicians who fully and fairly pass the certification examinations be granted certification by The College of Family Physicians of Canada,

I hereby attest that I will not perform any action that might compromise the proper conduct of the Certification Examination in Family Medicine and I will abide by the Candidate Code of Conduct as printed above.

I understand that failure to comply with this attestation may result in penalties to be determined by the Board of Examiners which may include: forfeiture of my examination fees, invalidation of my examination results, and/or disqualification from future examinations of The College of Family Physicians of Canada.

I am a candidate for the Certification Examination in Family Medicine of the College of Family Physicians of Canada, and I have read and am in agreement with the above statements.
CANCELLATION POLICY

The portion of the examination fee refunded will vary depending on the date of receipt of a written, signed withdrawal/refund request.

- Candidates who withdraw from the examination 60 days or more prior to the date of the examination will be subject to a penalty of $300.

- Candidates who withdraw within 30 to 60 days prior to the date of the examination will be subject to a penalty of one half (50%) of the examination fee.

- There is no refund for candidates who withdraw within 30 days of the examination.

Candidates must withdraw and re-apply should they wish to take the examination at a later date. Fees paid for a previous attempt are not transferable to a later session.

LATE ARRIVAL POLICY

Candidates who arrive at the written examination site after the start of the examination will be allowed entrance at the discretion of the Center Coordinator or Written Coordinator. No additional time will be granted to accommodate for the lateness.

Candidates who arrive at the oral examination after the start of their first scheduled oral examination may be accommodated at the discretion of the Center Coordinator ONLY if the schedule allows.
ORGANIZATION OF EXAMINATION COMMITTEES

THE COMMITTEE ON EXAMINATIONS
It is the responsibility of this Committee to design and produce the examination twice yearly. The Committee consists of representatives from across the country and from both academic and community practice settings. The Chair is responsible for the overall production of the examination and reports directly to the Board of Examiners of the College.

BOARD OF EXAMINERS
The Board of Examiners is responsible for assessing the performance of individual candidate and makes all pass/fail decisions. It approves and confirms the physical arrangements, appoints the examiners and other necessary personnel and supervises the conduct of the examination. Finally, it identifies requirements respecting research to establish the validity of the examination to measure stated competencies and determines the eligibility of applicants wishing to sit the examination.
THE MARKING OF THE EXAMINATIONS

Approximately four weeks after the examination the results will have been analyzed and delivered to the Board of Examiners. The Board of Examiners reviews all the results and recommends who should be certificated. Numbers are used to identify candidates to the Board of Examiners to ensure that marking is completely anonymous. Results are usually forwarded by mail to all candidates within six weeks of completion of the examination. Results are also posted in the secure “MEMBERS” section of the CFPC website. Candidates will be notified by e-mail as soon as the results are available online. Candidates are encouraged to register their user name and password to access the MEMBERS section in advance.

Results will not be given by e-mail, phone or fax for reasons of confidentiality.

The examination is intended to be a comprehensive review of a candidate’s knowledge and skills in family medicine. The College’s Committee on Examinations to be consistent with patterns of practice across Canadastandardizes the correct answers to the short answer management problem questions and the expected performance on the oral examination. Clear criteria are defined for both examiners and markers against which candidate performances will be compared in order to assess their abilities. Candidates will also be expected to demonstrate a level of performance consistent with their peers in order to be awarded Certification.

The Certification Examination in Family Medicine is a terminal assessment instrument that examines a broad spectrum of content. Candidates will be informed of whether they passed or failed the examination as a whole. The result profile will also indicate whether or not they had a passing score on each of the oral and written components of the examination.

The content to be assessed for each setting of the examination is distributed among all the written and oral components. Therefore, candidates are reminded that to be successful on the overall examination they must demonstrate a passing performance on all components. Unsuccessful candidates wishing to make a subsequent attempt must re-sit the entire examination.
LIMITS ON ELIGIBILITY

A. RESIDENCY ELIGIBLE CANDIDATES

Residency eligibility expires after three years or three attempts from the date of the completion of training whichever comes first, but in no circumstance shall it extend for more than three years. If a candidate’s eligibility expires, the candidate will be permitted to re-apply to sit the examination as a practice eligible candidate and must meet all of the practice eligible criteria in place at the time in order to qualify. In order to maintain eligibility, all candidates must maintain a full unrestricted license to practice family medicine and they must remain in continuous full-time active family practice consistent with their category of eligibility.

Candidates may also re-qualify for the examination by undertaking remedial residency training. In such cases there will be a need to apply for special consideration.

B. PRACTICE ELIGIBLE CANDIDATES

Practice eligibility expires after three failed attempts at the certification exam or three years after the completion of the pre-certification program (Pearls.ce), but in no circumstance shall it extend for more than three years. If a candidate’s eligibility expires, the candidate will be permitted to re-apply to sit the examination and will be expected to meet the practice eligible criteria in place at the time of application. In order to maintain eligibility, all candidates must maintain a full unrestricted license to practice family medicine and they must remain in continuous full-time active family practice consistent with their category of eligibility.
APPEAL PROCESS - EXAMINATION RESULTS

A. GROUNDS FOR REVIEW
A candidate’s examination results will be reviewed by the College of Family Physicians of Canada only in the case of suspected major irregularities in the evaluation process, not because of alleged errors in content. If, for example, a candidate was given less than the allotted time to complete an examination, this may be considered a process irregularity and justification for a formal review of examination results. If, however, the Board of Examiners ruled that a candidate did not answer a sufficient number of questions correctly, the candidate may disagree with their decision, but the disagreement belongs in the area of content and does not constitute grounds for review.

An appeal on the basis of process will be successful if the Board of Examiners of the College of Family Physicians of Canada agrees that the process irregularities were significant enough to materially affect the candidate’s performance. The fact that irregularities occur is not in itself cause that the decision of the Board be reversed. There must be evidence that the irregularity resulted in unfairness that adversely and materially affected the performance of the candidate.

B. MANAGEMENT OF AN APPEAL

1. Immediate notification of the local examination authority
If process irregularities as defined above are found to occur in the course of an examination they should be brought immediately to the attention of the responsible local authority: a representative of the Board of Examiners, the local examination coordinator or examination invigilator. Examiners as well as candidates may initiate such action. The person in charge may then either institute some immediate course of action to correct the process error or if such action is impossible provide a written report to the Board of Examiners at the earliest possible time.

It should be emphasized that early and immediate attention to process irregularities will likely result in the complete and satisfactory resolution of most irregularities detected. It does not preclude a further request for review on the part of the candidate concerned. On the contrary, it may even be construed as additional evidence of the importance of the process irregularity in the case.

2. Submitting a written request
Whether or not the matter is raised with the local examination authority and dealt with at that time, a candidate may apply for a formal review of his/her examination results. A written request for a formal review, along with a fee of $200, must be forwarded to the College of Family Physicians of Canada within 30 calendar days of the receipt by the candidate of his/her examination results. The request must explain in detail the circumstances surrounding the alleged irregularity. The College staff shall acknowledge receipt of the request within 30 calendar days and indicate whether the irregularity is considered one of process rather than content and whether the candidate’s performance was materially affected.
If there appears to be no grounds for initiating a formal review, the preliminary ruling of the College of Family Physicians of Canada shall be communicated to the candidate, who shall be given the opportunity to pursue his/her request within 30 days. If the initial in-house study suggests that there are grounds for formal review, the request will proceed to the Board of Examiners forthwith.

3. **Pursuing the request for appeal**

Once the decision to hold a formal appeal is made, the Chairman of the Board of Examiners shall appoint a panel of members of the Board of Examiners of not less than three to obtain, receive and consider all documents pertaining to the appeal. This panel shall render its decision no later than the next scheduled date of meeting of the Board of Examiners.

4. **Decisions of the review panel**

The panel's judgement options are as follows:

- no process irregularity has occurred: or
- there was a process irregularity of insufficient magnitude to materially affect the candidate's performance: or
- there was a process irregularity of sufficient magnitude to materially affect the candidate's performance and a repeat examination is allowed at the next examination session at no charge to the candidate or, under exceptional circumstances, a pass standing is awarded without further examination.

There will be no further provision for an appeal of the decisions of the Board of Examiners, which are considered final.
SHORT ANSWER MANAGEMENT PROBLEMS (SAMPS)

A. INTRODUCTION
The Short Answer Management Problems (SAMPs) are intended to measure a candidate’s problem solving skills and knowledge in the context of a clinical situation. Basic information regarding the presentation of the patient will be provided and a series of three or four questions will follow for each scenario. When answering questions in this examination, please read the question carefully and provide only the information that is requested. For the most part, each question will require a single word, short phrase or short list as a response. This portion of the examination will be six hours in length and will involve approximately 40 to 45 clinical scenarios.

In an effort to give candidates more help preparing for the family medicine examination the Committee on Examinations has authorized the release of some SAMPs used on previous examinations. The purpose is to give candidates some sense of the format and content they can expect to meet at the time of the exam, and to demonstrate the correct way to answer questions. They are not intended to be study aids.

The evaluation objectives, including topics and key features which guide the College’s Committee on Examinations in the development of the test items for the Certification Examination in Family Medicine, is available on the CFPC website under Exams and Certification and Resource Documents section within the Education menu. These materials/documents will serve to ensure that the examination maintains acceptable validity and reliability. To do this the evaluation objectives have been designed to clearly describe the domain of competence to be tested within each topic area. The majority of cases will be based on these evaluation objectives.

B. INSTRUCTIONS
For each case, the setting in which you are practicing will be described (i.e., hospital emergency department, family medicine clinic, physician’s office).

You can answer most questions in ten words or fewer.

When ordering laboratory investigations be SPECIFIC. For example, CBC, or electrolytes are not acceptable, you must list the specific indices/test you would like for that question.

(i.e.,  1. hemoglobin  
2. white blood cell count  
3. potassium)

When ordering other investigations, be SPECIFIC. For example, ultrasound is not acceptable, you must specify abdominal ultrasound.

Be SPECIFIC on treatment. For example, give route of administration of medications and fluids.

When listing medications, use generic names. For example, use ibuprofen instead of Advil or Motrin.

Give details about procedures ONLY IF DIRECTED TO DO SO. You will be scored only on the number of answers required – 1 point per answer (e.g., if you are asked to provide three responses and put down five, only the first three will be scored).
Put one answer per line, subsequent answers on the same line will not be considered.

Your answers must be listed VERTICALLY in the space provided per item. For example, the following is acceptable (a point is counted for each item listed):

In addition to a routine urinalysis and an abdominal x-ray, what other investigations would be appropriate in investigating this patient? List FIVE.

1. Urine culture
2. Intravenous pyelogram (IVP)
3. 24-hour measurement of urinary urate
4. Blood urea nitrogen (BUN)
5. Creatinine

The following answers would NOT be acceptable:

1. Urine culture, intravenous pyelogram (IPV), 24-hour measurement of urinary urate
   (Reason: more than one answer per line, only urine culture would be considered for a point.)

2. CBC
   (Reason: is a series of tests, you must specify the desired parameter (i.e. hemoglobin))

3. SMA 7 (electrolytes)
   (Reason: is a series of tests, you must specify the desired parameter (i.e. potassium))

PLEASE WRITE LEGIBLY! YOU WILL BE SCORED ONLY ON WHAT CAN BE READ!

C. SAMPLE CASE

One sample case along with its corresponding answer key has been provided. The purpose of providing this sample case is to demonstrate the correct manner in which to provide answers. It is imperative that you follow the directions carefully so that you receive full credit for your responses. The examination is very clear about the manner in which candidates are expected to list or write their responses. Deviation from instructions can result in lower scores.

More sample cases, which have been released from prior examinations, are available in the Exams and Certification section on the CFPC website (cfpc.ca). These cases may not contain current information and therefore should not be used as a study aid. Please use these cases to familiarize yourself with the examination format. If you have any questions or concerns about this component of the examination, or if you require printed copies of sample cases, please do not hesitate to contact our office.
SAMPLE CASE
(10 Points)

Mrs. Maria de la Haye, age 54, presents at the emergency department (ED) complaining of severe right upper quadrant abdominal pain, which at times radiates to the right shoulder. She feels very nauseated and has vomited twice without relief of the pain. She has been in good health in the past. Her vital signs are as follows:

Blood pressure: 140/88 mm Hg
Pulse rate: 92 bpm
Temperature: 38°C
Respiration rate: 18 bpm

1. Basing your answer on the information above, what is the MOST likely diagnosis?

2. What are the possible complications of the condition in question 1? List THREE.
   1.
   2.
   3.

3. Which imaging test would be BEST to confirm the diagnosis at this stage?

4. Results of Mrs. de la Haye's investigation indicate dilatation of the right hepatic duct. What procedure should be considered at this stage?

5. What blood tests would you consider ordering for this patient? List FOUR.
   1.
   2.
   3.
   4.
ANSWER KEY

Question 1
Acute cholecystitis/Cholelithiasis/Biliary colic

Question 2 (Any 3)
1. Choledocholithiasis/Jaundice/Biliary obstruction
2. Hydrops
3. Empyema
4. Emphysematous cholecystitis
5. Duodenal perforation and gallstone ileus
6. Pancreatitis/Hepatitis
7. Ascending cholangitis
8. Peritonitis/Perforation of the gallbladder/Necrosis/Gangrene
9. Sepsis

Question 3
Abdominal ultrasonography

Question 4
Endoscopic retrograde cholangiopancreatography (ERCP)

Question 5 (Any 4)
1. White blood cell count (WBC)
2. Bilirubin testing
3. Alkaline phosphatase testing
4. Amylase testing/Lipase testing
5. International Normalized Ratio (INR)/Prothrombin time (PT) measurement
6. Partial thromboplastin time (PTT) measurement
7. Aspartate transaminase (AST) testing
8. Alanine transaminase (ALT) testing
SIMULATED OFFICE ORAL (SOO)

A. INTRODUCTION
Each candidate will do five separate simulated office orals. Each of these oral examinations is 15 minutes in length and involves an interview with a simulated patient. In the simulated office orals the patient will be role-played by a family physician. This individual will also be responsible for scoring the candidate.

In all of these interviews the simulated patients/examiners have been programmed to play the part of a patient. The candidate will not perform a physical examination, but will be required to discuss the problem with the patient and bring the visit to a satisfactory conclusion within the defined time frame. The candidate is expected to define and manage the problems presented by the patient. In scoring, an emphasis is placed on understanding the patient's perspective on her or his problems and on arriving at a plan of management that is satisfactory to both parties. This is to be done in the context of the entire encounter through the use of appropriate interview techniques. The best advice is to try to behave as you would if you were seeing a patient in your own office. The patient/examiner will not be trying to mislead you.

The preparation for this examination takes place daily in your private office or family practice unit. Practice eligible, or U.S. trained residency eligible candidates are encouraged to take advantage of workshops available either through a residency program in their area or through their local College chapter.

Before each SOO, an assistant coordinator will give you instructions and information. You should read these instructions carefully and repeatedly. They contain a varying amount of information about the patient, including at least his/her name and age. Be sure to ask the coordinator about any matter that causes you concern or uncertainty.

During the examination be aware of your own timing. The examiner is also timing you and normally will give you a warning when three minutes are left. You are, however, responsible for managing your own time during the course of the interview. At 15 minutes, the examiner will signal the end of the examination. You are expected to stop immediately, and to leave any notes with the examiner. In the event that you finish your interview before the 15 minutes have elapsed, you may leave the room.

Make notes even if they comprise no more than a listing of the problems that you identify during the interview and use these notes to assist you during your summation. This will prevent you from forgetting to deal with any problems that you have identified in the course of the interview.

Please be aware that your Simulated Office Oral examination may be viewed by means of video equipment and/or viewing mirrors; the purpose of this is to validate the examiner’s performance, not the candidate’s. Your examination will not be recorded.

During the intervals between the oral examinations it is unwise to discuss the content of the oral examinations with other candidates who may not have done that particular examination. Experience has shown that prior knowledge of the clinical content of oral examinations has resulted in poorer performance than might otherwise have been expected.
Most important, do not be discouraged if you feel you have done poorly in any one or more of the orals. Always keep in mind that the overall certification examination process comprises many different instruments. It is quite possible to be successful on the examination in spite of a poor performance on one or more of the oral examinations.

B. SAMPLE CASE

A video demonstration of a sample case is available for download from the Exams and Certification section of the CFPC website (www.cfpc.ca). It is also available on DVD, upon request, for candidates who do not have access to the Internet.
REFERENCES


If you wish to read these articles they can be obtained from the College’s website.
APPENDIX A
THE FOUR PRINCIPLES OF FAMILY MEDICINE

The family physician is a skilled clinician -- Family physicians demonstrate competence in the patient-centred clinical method; they integrate a sensitive, skilful, and appropriate search for disease. They demonstrate an understanding of patients’ experience of illness (particularly their ideas, feelings, and expectations) and of the impact of illness on patients’ lives.

Family physicians use their understanding of human development and family and other social systems to develop a comprehensive approach to the management of disease and illness in patients and their families.

Family physicians are also adept at working with patients to reach common ground on the definition of problems, goals of treatment, and roles of physician and patient in management. They are skilled at providing information to patients in a manner that respects their autonomy and empowers them to “take charge” of their own health care and make decisions in their best interests.

Family physicians have an expert knowledge of the wide range of common problems of patients in the community, and of less common, but life threatening and treatable emergencies in patients in all age groups. Their approach to health care is based on the best scientific evidence available.

Family medicine is a community-based discipline -- Family practice is based in the community and is significantly influenced by community factors. As a member of the community, the family physician is able to respond to people’s changing needs, to adapt quickly to changing circumstances, and to mobilize appropriate resources to address patients’ needs.

Clinical problems presenting to a community-based family physician are not pre-selected and are commonly encountered at an undifferentiated stage. Family physicians are skilled at dealing with ambiguity and uncertainty. They will see patients with chronic diseases, emotional problems, acute disorders (ranging from those that are minor and self-limiting to those that are life-threatening), and complex biopsychosocial problems. Finally, the family physician may provide palliative care to people with terminal diseases.

The family physician may care for patients in the office, the hospital (including the emergency department), other health care facilities, or the home. Family physicians see themselves as part of a community network of health care providers and are skilled at collaborating as team members or team leaders. They use referral to specialists and community resources judiciously.

The family physician is a resource to a defined practice population -- The family physician views his or her practice as a “population at risk”, and organizes the practice to ensure that patients’ health is maintained whether or not they are visiting the office. Such organization requires the ability to evaluate new information and its relevance to the practice, knowledge and skills to assess the effectiveness of care provided by the practice, the appropriate use of medical records and/or other information systems, and the ability to plan and implement policies that will enhance patients’ health.

Family physicians have effective strategies for self-directed, lifelong learning.
Family physicians have the responsibility to advocate public policy that promotes their patients’ health.

Family physicians accept their responsibility in the health care system for wise stewardship of scarce resources. They consider the needs of both the individual and the community.

**Patient/Physician relationship** -- Family physicians have an understanding and appreciation of the human condition, especially the nature of suffering and patients’ response to sickness. They are aware of their strengths and limitations and recognize when their own personal issues interfere with effective care.

Family physicians respect the primacy of the person. The patient-physician relationship has the qualities of a covenant – a promise, by physicians, to be faithful to their commitment to patients’ well-being, whether or not patients are able to follow through on their commitments. Family physicians are cognizant of the power imbalance between doctors and patients and the potential for abuse of this power.

Family physicians provide continuing care to their patients. They use repeated contacts with patients to build on the patient-physician relationship and to promote the healing power of interactions. Over time, the relationship takes on special importance to patients, their families, and the physician. As a result, the family physician becomes an advocate for the patient.