SAMP OVERVIEW
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Today’s goals

• Learn about exam skills, not accrue medical knowledge
• Common slip-ups
• Familiarize yourself with format and marking scheme
• Practice cases
What’s in it for me?

- Other than causing stress, preparing for this exam will make you more up-to-date in your clinical practice
- More confident
- Faster
SAMPs

- Short Answer Management Problems
- Replaced multiple choice questions in 1993
- Answers in the form of a few words or phrases
On-line exam

- MUST do practice exams on line!
- [http://www.cfpc.ca/certification_FAQs/](http://www.cfpc.ca/certification_FAQs/)
SAMPs

- Patient-centered case
- Questions are based on this patient case and relate directly to it
- Questions are based on the basics of family medicine
- Emphasis on consensus guidelines and general knowledge
SAMPs

- Two half days: 3 hours each
- Some cases longer than others
- ~20-25 cases in the morning, ~20-25 in the afternoon
- Time management: beware fast exam writers
SAMPs

- Practice setting will be identified in the question: office, emergency room, inpatient setting
SAMPs Keys

- Abbreviations are ok except for those not commonly used; if you are not sure, write out the answer
  - Ex: write “Blood culture,” instead of “BC”
- Generic or trade names acceptable
- Often more right answers than responses required
- Only one answer per line will be marked
Keys: No grouped tests

- CBC is not an answer on this exam
- Nor are LFTs, lipid panel, electrolytes, celiac panel, arterial blood gases
  - Break it down into relevant parts
  - I.e: work-up for anemia: hemoglobin, mean corpuscular volume....
  - I.e: work-up for HTN: serum sodium, serum potassium
Exceptions: only 2

- Urinalysis
- WBC and differential
- X-rays: ok to list views
  - Chest x-ray: PA and lateral
  - Knee x-ray: weight bearing, AP, lat, skyline, tunnel
SAMPs keys

- Website says do not leave boxes empty; if you do not have an answer, write “none”
  - I suggest you guess; don’t be cheeky!

- No negative marks for incorrect answers
SAMP keys

• Be as specific as possible in your answers:
  Chest x-ray: **PA and lateral**
  **Pelvic** ultrasound
  Abdominal x-rays: **3 views**
  **inferior** myocardial infarction

• Not specific: lifestyle changes
  toxic appearance
SAMP keys: buzzwords

- Read the question carefully, pay attention:
  - risk factors
  - laboratory investigations
  - imaging studies
  - non-pharmacologic therapies
For example:

Bob is a 57 year-old pharmacist. He has Type 2 diabetes and hypertension. His father had an MI at age 67. His cholesterol is normal. He is a non-smoker and exercises little.

What are Bob’s major risk factors for heart disease? vs

What are the major risk factors for heart disease?
SAMP keys: buzzwords

- Other buzzwords:
  - 42 y/o M arrives in ER and collapses at the door. What your immediate steps in managing this situation?
  - 67 y/o F has osteoporosis and high fracture risk. What non-pharmacologic approaches would you discuss with her?
Exam committee is made up of family docs from across the country, not specialists.

Questions reflect family MD experience in typical practice (rural or urban).

Resources used by the committee are found in your candidate guide (CFPC website).
Suggested Resources

- CCFP Self Learning modules: avoid MCQ, SAMPs helpful as study tools but are not necessarily consensus information

- PBSG learning modules (McMaster) are usually consensus information – good resource
SAMPs - Suggested Resources

- Clinical practice guidelines: Cdn first
- Textbooks - ok, but may be outdated
- Journals e.g. Canadian Family Physician, CMAJ - review articles
- Websites: CPS, CMAJ, SOGC, CMA, CDA, Cdn Thoracic Society, CCS, Cdn Task Force, TOP, Rx files etc
- Practice cases
Resources

• Guide to the Canadian Family Medicine Examination
  – 2013; U of S
  – Available at Amazon.ca or at U of C bookstore
Resources

- [http://99topics.drbouchard.ca](http://99topics.drbouchard.ca)
- Podcasts by Dr. Mike Kirlew: iTunes
- Family Medicine Notes - Preparing for the CCFP Exam 2016, $85, available for pre-order (Amazon), is TO notes for FM, quick and easy, not exam format
Doses to know

- ibuprofen, acetaminophen in kids
- amoxicillin in kids
- Anaphylaxis in adults and kids
- STI treatment
- H. Pylori eradication (1 option)
- Smoking cessation drugs
- ACLS drugs
Drugs

- Know classes, for example:
  - 5 classes of anti-hypertensives
  - 4 classes of anti-depressants
  - 3 classes of anti-HIV drugs
  - 3 classes of anti-migraine meds

Know one drug name from each class
Usually will not be asked mxm of action
Drugs

- Common SE/ADRs of common meds:
  - Statins (HMG CoA reductase inhibitors)
  - NSAIDs
  - ACEIs ... for ex: cough, hyperK, high Cr
  - HIV meds
  - Migraine meds
  - Anti-depressants
  ....and more....
What is fair game?

• The most up-to-date material is fair game on this exam. If you are answering a question based on very new information (ie since Jan 1, 2018), list the source in your answer
  – Ie: as per 2018 Canadian guidelines....
Marking

• To be consistent with patterns of practice across Canada, the CFPC’s Committee standardizes the correct answers to the SAMPs.

• Clear criteria are defined for markers against which candidate performances will be compared.

• Candidates are expected to demonstrate a level of performance consistent with their peers.
Marking

Each candidate obtains a single total score on all the SAMPS and a single total score on the SOOs.

Candidates must obtain a passing score on each of the two components.
Marking

- The passing score is determined by group of reference candidates.
- Reference group is made up of graduates of Canadian residency programs in family medicine who are sitting the examination for the first time.
- All candidates are compared to this group.
Marking

- minimum passing score for each component is approved by the Board of Examiners for every session of examination.
What Next?

• Results in less than 8 weeks
• Must pass both SAMPs and SOOs
• Website says there is no established minimum number of points required to earn a pass
  – To me, this means it’s on a bell curve
The Bad News

- More CCFP exam failures are due to SAMPs than SOOs in resident group
- Anyone can fail SAMPs
- Re-write exam at next sitting: if only fail SAMPs, only re-write SAMPs
Who is at risk?

- Physicians with busy families, lacking study time
- Over-confident
- Fast exam writers/slowest exam writers
- Those who have trained out of country are at slightly higher risk of failing than Canadian-trained physicians
Study Tips

• Make a plan, stick to it
• Start studying Jan 1
• Look at CCFP learning objectives
• Create a study group if possible
• Study with cases in mind
• MUST do on-line practice SAMPs
SAMPs – Bottom Line

• READ THE QUESTION!!
• Be specific with answers
• One answer per line
• Use individual blood tests – no ‘CBC’, no “elytes”, no “LFTs”, no “lipid panel”
Disclaimer

- I am not on the marking committee
- We write the cases as best as we can
- The answer keys may not always agree with your opinion; consensus statements/guidelines are consulted when writing practice exams
- Not really helpful to debate answer keys
GOOD LUCK!