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38	☐ A	☐ B	☐ C	☐ D	☒ E
39	☐ A	☐ B	☐ C	☐ D	☒ E

PRACTICE QUESTIONS

CFPC - The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada

FME

Certification Examination in Family Medicine (English)

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for CFPC - The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada **FME**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **FME**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A 42-year-old man presents with a 3-week history of fatigue, low-grade fever, and a non-productive cough. Physical examination is unremarkable. A chest radiograph shows patchy infiltrates in the right lower lobe. Which of the following is the most appropriate first-line pharmacological treatment?

- ☐ A Amoxicillin
- ☐ B Ciprofloxacin
- ☒ C Azithromycin
- ☐ D Ceftriaxone

ANSWER C

WHY Ciprofloxacin has poor coverage of typical and atypical respiratory pathogens (especially *Streptococcus pneumoniae*) and is not recommended for community-acquired pneumonia. Ceftriaxone alone is inadequate for outpatient CAP because atypicals are not covered. Amoxicillin is acceptable only in selected previously healthy patients without comorbidity and without features of atypical infection. Azithromycin (a macrolide) provides appropriate coverage for atypical organisms (*Mycoplasma*, *Chlamydia*, *Legionella*) as well as typical pathogens, and is a recommended first-line option for outpatient treatment of community-acquired pneumonia in previously healthy adults without recent antibiotic use, according to current Canadian Thoracic Society/Infectious Diseases Society of America-aligned guidance reflected in family medicine practice.

QUESTION 2

SINGLE CHOICE

A new screening test is evaluated in a study of 1,000 patients, of whom 200 truly have the disease. The test is positive in 180 of the 200 with disease and in 40 of the 800 without disease. What is the specificity of the test?

- ☐ A 90%
- ☒ B 95%
- ☐ C 80%
- ☐ D 60%

ANSWER B

WHY Specificity = true negatives / (true negatives + false positives). There are 800 disease-free patients; 40 of them test positive (false positives), so 760 are true negatives. Specificity = $760/800 = 95\%$. Sensitivity would be $180/200 = 90\%$, which is a common distractor. The positive predictive value would be $180/(180+40) = 81.8\%$, and the negative predictive value would be $760/(760+20) = 97.4\%$.

QUESTION 3

SINGLE CHOICE

According to the Canadian Task Force on Preventive Health Care recommendations, which of the following is recommended for routine screening in average-risk adults aged 50 to 74 years?

- ☐ A Annual chest radiograph for lung cancer
- ☒ B Fecal immunochemical testing (FIT) every 2 years for colorectal cancer
- ☐ C Annual PSA testing for prostate cancer in men
- ☐ D Annual mammography for breast cancer

ANSWER B

WHY The Canadian Task Force on Preventive Health Care recommends FIT every 1–2 years (or flexible sigmoidoscopy) for colorectal cancer screening in average-risk adults aged 50–74. Routine chest radiography for lung cancer is not recommended; low-dose CT screening is only recommended for high-risk individuals (e.g., heavy smokers aged 55–74). Routine annual PSA screening is not recommended for average-risk men. For breast cancer screening, the Task Force currently recommends mammography every 2–3 years for women aged 50–74, not annually.

QUESTION 4

SINGLE CHOICE

A 28-year-old woman presents with persistent low mood, anhedonia, sleep disturbance, and poor concentration for the past 8 weeks following the death of her mother. She has no prior history of mood disorder and continues to function at work, though with effort. Which of the following is the most likely diagnosis?

- ☐ A Major depressive disorder
- ☐ B Bereavement-related depression (a depressive episode due to bereavement)
- ☒ C Adjustment disorder with depressed mood
- ☐ D Persistent complex bereavement disorder

ANSWER C

WHY Bereavement is not itself a disorder. A major depressive episode can be diagnosed even when triggered by bereavement if full symptom criteria are met. However, in this patient the symptoms began shortly after a clear stressor (mother's death), have been present for less than 2–3 months, and her functional impairment is limited. Adjustment disorder with depressed mood is the best fit. Persistent complex bereavement disorder is characterized by intense grief-related symptoms lasting 12 months or more after the loss.

QUESTION 5

SINGLE CHOICE

A healthy 6-month-old infant comes for a routine well-baby visit. According to the current publicly funded immunization schedule in Canada (excluding jurisdictions with distinct schedules), which of the following vaccines is most appropriate at this visit?

- ☐ A Measles-mumps-rubella (MMR)
- ☒ B DTaP-IPV-Hib
- ☐ C Tdap (adult formulation)
- ☐ D BCG

ANSWER B

WHY At the 6-month visit in the standard Canadian infant schedule, DTaP-IPV-Hib (combined diphtheria, tetanus, acellular pertussis, inactivated polio, Haemophilus influenzae type b) is given. MMR is given at 12 months. The adult-formulation Tdap is given in adolescence/adulthood, not in infancy. BCG is not part of the routine Canadian schedule and is only offered to specific high-risk groups.

QUESTION 6

SINGLE CHOICE

A 58-year-old man with type 2 diabetes, hypertension, and dyslipidemia has a blood pressure of 152/94 mm Hg on three separate visits. Urinalysis shows microalbuminuria. Serum creatinine and potassium are normal. According to current Canadian guidelines, which of the following is the most appropriate first-line antihypertensive agent?

- ☐ A A calcium channel blocker (e.g., amlodipine)
- ☒ B An ACE inhibitor (e.g., ramipril)
- ☐ C A thiazide diuretic
- ☐ D A beta-blocker

ANSWER B

WHY In a patient with diabetes, hypertension, and microalbuminuria (an early marker of diabetic nephropathy), an ACE inhibitor (or an ARB if ACEi is not tolerated) is first-line. ACE inhibitors reduce intraglomerular pressure, slow progression of diabetic nephropathy, and confer cardiovascular protection. Thiazides or dihydropyridine calcium channel blockers may be added for additional blood pressure control but are not the preferred initial agent in this setting. Beta-blockers are not first-line for uncomplicated hypertension in diabetes.

QUESTION 7

SINGLE CHOICE

A 16-year-old comes to your office requesting contraception. She is competent, the discussion is confidential, and there is no evidence of abuse. She specifically asks that her parents not be informed. What is the most appropriate course of action?

- ☐ A Refuse to prescribe contraception because she is a minor
- ☐ B Notify her parents before prescribing
- ☒ C Prescribe contraception and maintain confidentiality, encouraging her to involve a trusted adult
- ☐ D Report the case to child protective services

ANSWER C

WHY Under Canadian medical ethics and most provincial/territorial health law frameworks, a minor who demonstrates the maturity and understanding to appreciate the nature and consequences of treatment (a 'mature minor') can consent to medical care, including contraception, without parental notification. Confidentiality should be respected, and the physician should encourage the adolescent to involve a parent or another trusted adult if appropriate. Mandatory reporting applies to suspected abuse or risk of serious harm, which is not present here.

QUESTION 8

SINGLE CHOICE

Which of the following best describes the patient-centred clinical method as developed for family medicine?

- ☐ **A** An approach that prioritizes biomedical investigation over the patient's illness experience
- ☒ **B** A method that explicitly explores the patient's ideas, concerns, and expectations (ICE) and the patient's feelings and effect on life
- ☐ **C** A directive model in which the physician determines priorities based on guideline-based checklists
- ☐ **D** A communication strategy that emphasizes open-ended questioning only during the social history

ANSWER B

WHY The patient-centred clinical method, as articulated by McWhinney and colleagues, requires the physician to understand the patient's experience of illness, which includes exploring the patient's ideas, concerns, and expectations (ICE) as well as the feelings related to the problem and the effect of the problem on the patient's life (the FIFE framework). This approach complements, but does not replace, biomedical assessment. It is not a directive checklist-driven method, and open-ended questioning is used throughout the encounter, not only in social history-taking.

QUESTION 9

MULTIPLE CHOICE

An otherwise healthy 35-year-old woman develops sudden shortness of breath, sharp right-sided chest pain that worsens with inspiration, and mild tachycardia one hour after a long flight. Which of the following are appropriate components of the initial management in the office before urgent transfer? (Choose two.)

- ☒ **A** Administer supplemental oxygen
- ☐ **B** Perform a detailed pelvic examination
- ☒ **C** Obtain urgent transfer to an emergency department for definitive imaging and management
- ☐ **D** Begin outpatient oral anticoagulation and arrange follow-up in one week

ANSWER A • C

WHY The clinical picture is suggestive of pulmonary embolism. In the office, initial stabilization includes administering supplemental oxygen (A) and arranging urgent transfer to an emergency department for definitive imaging (e.g., CT pulmonary angiography) and management (C). Initiating outpatient oral anticoagulation without confirming the diagnosis and without access to emergency management is unsafe. A pelvic examination is not relevant to this presentation.