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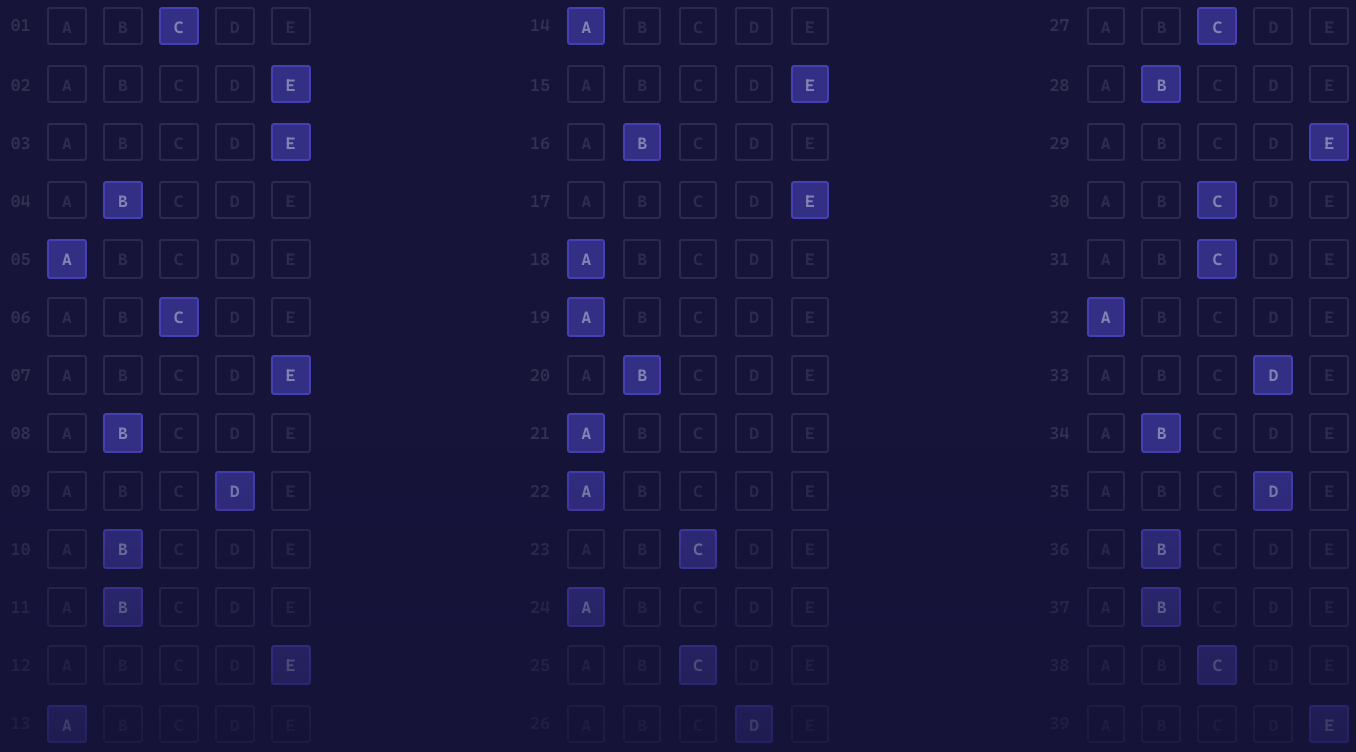

PRACTICE QUESTIONS

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

FMF

L'examen de certification en médecine familiale

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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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 `FMF`, 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, `FMF`
- 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 45-year-old patient presents with fatigue, low-grade fever, and migratory arthralgias for the past six weeks. Physical examination reveals a new early diastolic murmur at the left sternal border. Which one of the following is the most appropriate next step in management?

A Order an echocardiogram to confirm suspected infective endocarditis

B Obtain three separate sets of blood cultures before starting antibiotics

C Begin empirical intravenous antibiotic therapy immediately

D Arrange urgent outpatient cardiology referral within two weeks

ANSWER B

WHY In suspected infective endocarditis, obtaining three separate sets of blood cultures from different sites before initiating antibiotics is the standard of care, because this maximizes diagnostic yield and identifies the causative organism to guide targeted therapy. Empirical antibiotics should not precede culture collection unless the patient is hemodynamically unstable or severely septic. Echocardiography is indicated but typically follows initial blood cultures in the stable patient. Outpatient referral is inappropriate given the potential for rapid hemodynamic deterioration.

QUESTION 2 SINGLE CHOICE

An 82-year-old patient with no prior psychiatric history is brought in by family because of a two-day history of confusion, agitation, and visual hallucinations. Vital signs are stable and there is no focal neurologic deficit. Which one of the following is the most likely etiology to investigate first?

A New-onset Lewy body dementia

B **Acute delirium due to underlying medical illness**

C Late-onset schizophrenia

D Major depressive disorder with psychotic features

ANSWER **B**

WHY An acute change in mental status with fluctuating attention, perceptual disturbances, and an identifiable timeframe in an elderly patient should be approached as delirium until proven otherwise. Common precipitants include infection, metabolic derangement, medication effects, dehydration, and pain. Late-onset schizophrenia is uncommon, Lewy body dementia typically evolves more gradually with parkinsonism and REM sleep behaviour disorder, and psychotic depression is usually accompanied by prominent mood symptoms. The priority is to identify and treat the underlying medical cause.

QUESTION 3 SINGLE CHOICE

A 28-year-old woman at 34 weeks gestation presents with a blood pressure of 158/104 mmHg, 2+ proteinuria, and a headache. There is no current recommendation to deliver, and the fetus is reassuring on monitoring. Which one of the following is the most appropriate next step?

A **Initiate magnesium sulfate for seizure prophylaxis and antihypertensive therapy**

B Administer betamethasone and arrange induction within 24 hours

C Begin labetalol only and follow up in one week

D Recommend immediate cesarean delivery

ANSWER **A**

WHY Severe-range hypertension in pregnancy with proteinuria and symptoms such as headache is consistent with severe preeclampsia. Magnesium sulfate is indicated for seizure prophylaxis, and acute blood pressure should be lowered with a safe agent such as labetalol, hydralazine, or nifedipine. Antenatal corticosteroids are reasonable before 34 weeks when delivery is anticipated, but delivery is not mandated at 34 weeks in a stable patient with severe preeclampsia, and cesarean delivery is reserved for standard obstetric indications.

QUESTION 4 SINGLE CHOICE

A 35-year-old patient screens positive on the PHQ-9 with a score of 17. The patient has no suicidal ideation, no prior treatment, and no medical comorbidities. Which one of the following is the most appropriate first-line management?

A Combination pharmacotherapy with two antidepressants

B Evidence-based psychotherapy such as cognitive behavioural therapy

C Immediate referral for electroconvulsive therapy

D Reassurance and follow-up in six months without active treatment

ANSWER B

WHY A PHQ-9 score of 17 indicates moderately severe major depressive disorder. First-line options in primary care include evidence-based psychotherapy (cognitive behavioural therapy or interpersonal therapy) and/or an antidepressant. In a previously untreated patient without severe features or suicidality, structured psychotherapy is appropriate. ECT is reserved for severe, treatment-resistant, or psychotic depression or acute suicidality. Watchful waiting without active treatment is inadequate at this severity.

QUESTION 5 SINGLE CHOICE

A 58-year-old patient with type 2 diabetes, hypertension, and an estimated 10-year ASCVD risk of 14% has an LDL cholesterol of 3.6 mmol/L despite lifestyle modification. Renal function is normal and there are no contraindications. Which one of the following is the most appropriate next step?

A Start moderate-intensity statin therapy

B Start high-intensity statin therapy

C Add a fibrate to lifestyle measures

D Defer pharmacologic therapy until LDL exceeds 5.0 mmol/L

ANSWER B

WHY Canadian and major international dyslipidemia guidelines recommend high-intensity statin therapy for primary prevention in adults aged 50–75 with diabetes and an intermediate or high estimated cardiovascular risk, with a treatment target of ≥50% LDL reduction. Moderate-intensity statin would undertreat this patient. Fibrates are not first-line for ASCVD prevention. The 5.0 mmol/L threshold is not a guideline-supported initiation cutoff.

QUESTION 6 SINGLE CHOICE

A 65-year-old previously healthy patient with no history of pneumococcal vaccination asks about pneumonia prevention. Which one of the following is the most appropriate recommendation based on current Canadian guidance?

A A single dose of PCV20 alone

B Annual influenza vaccine only

C PCV20 followed by PPSV23 in eight weeks

D No vaccination because the patient has no chronic disease

ANSWER A

WHY Current NACI guidance supports either a single dose of PCV20 or sequential PCV15 followed by PPSV23 for adults with medical or lifestyle risk factors, and PCV20 alone is an acceptable option in eligible older adults. At age 65 without additional risk factors, vaccination is still recommended because age itself is an indication. Annual influenza vaccine is also recommended but does not address pneumococcal disease.

QUESTION 7 SINGLE CHOICE

A 6-month-old infant presents with a one-day history of fever to 39.5°C, no localizing source on history or examination, and is well-appearing with no abnormal vital signs outside the fever. Which one of the following is the most appropriate next step?

A Obtain blood culture, urinalysis, and empiric parenteral antibiotics

B **Perform urinalysis and culture, and observe without antibiotics if well**

C Reassure and discharge without any investigations

D Obtain chest X-ray, complete blood count, and blood culture in all cases

ANSWER **B**

WHY For a well-appearing infant aged 3–24 months with fever ≥39°C and no source, current guidance recommends urinalysis and urine culture (especially in uncircumcised males and females), with observation and selective further testing based on clinical appearance, immunization status, and risk stratification. Empiric parenteral antibiotics without indication represent overtreatment, while discharging without any investigation misses the most common serious bacterial infection in this age group. Chest X-ray is not routine in a well-appearing infant without respiratory findings.

QUESTION 8 SINGLE CHOICE

A practice guideline reports a number needed to treat (NNT) of 25 to prevent one major adverse cardiovascular event over five years. Which one of the following statements is the most accurate interpretation for shared decision making with the patient?

A Twenty-five patients must be harmed by therapy for one to benefit

B Twenty-five patients need to be treated for five years to prevent one event

C The patient has a 4% absolute risk of an event without treatment

D The therapy reduces relative risk by 4%

ANSWER B

WHY NNT is the number of patients who must receive a treatment for a defined period to prevent one additional adverse outcome. An NNT of 25 over five years means 25 patients must be treated for five years to prevent one major cardiovascular event. NNT does not describe harm, and absolute and relative risk reductions must be derived from baseline risk and the reported effect size, not directly from the NNT value.

QUESTION 9 MULTIPLE CHOICE

Which two of the following are recognized contributors to polypharmacy-related adverse events in older adults with multimorbidity? (Choose two.)

A Use of the Beers or STOPP/START criteria to review prescribing

B Prescribing cascades in which a new drug is added to treat the side effect of another

C Duplicate therapy within the same pharmacologic class

D Single prescriber coordinating all medication changes

ANSWER B · C

WHY Prescribing cascades and duplicate therapy within the same class both increase the risk of adverse drug events and are well-recognized contributors to polypharmacy-related harm. Using Beers or STOPP/START criteria reduces harm rather than causes it, and a single coordinating prescriber reduces risk. The correct responses identify the harmful contributors.