A BLUEPRINT FOR HOW TO WRITE CFPC-STYLE SAMP STUDY QUESTIONS

INTRODUCTION

This handout is not an official CFPC guide and does not represent CFPC-endorsed exam-writing standards. It is a ChatGPT-assisted educational tool, developed to help residents learn how to **think like CFPC exam writers** by translating guidelines, best-practice articles, and clinical experiences into CFPC-style SAMP questions.

Beginning in **2027, the CFPC SAMP examination will use an exclusively multiple-choice format**. This guide was developed with that transition in mind, focusing on the kinds of **clinical decision-making, prioritization, and risk-based reasoning** that CFPC written questions are designed to assess, regardless of specific question format.

The goal is not to predict exam questions, but to build skill in:

- recognizing which **CFPC Priority Topic** is being tested,
- identifying the **core clinical decision** at stake, and
- selecting the **most appropriate next step** to reduce patient harm.

Used deliberately, this approach supports active studying, peer-to-peer teaching, and exam preparation calibrated to end-of-R2 expectations, while remaining clearly distinct from official CFPC examination materials.

1. WHAT CFPC QUESTIONS ACTUALLY TEST

CFPC exam questions test **clinical decision-making**, not memorization.

Strong questions ask:

- What is the **most important thing to do now**?
- What action **prevents harm**?
- What changes management?
- What is unsafe, inappropriate, or delayed?
- What must be prioritized *before* everything else?

If the answer can be found by recalling a single fact, it is probably **not** a CFPC-style question. That said, CFPC questions frequently use prompts such as “List three/four” (which likely will be worded as “Select three/four that apply” types of multiple-choice answers). These are not

Dr. Flora Wong and Dr. Jacqueline Ashby, Ed.D
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requests for exhaustive recall, but signals to identify **key discriminators** or **management-changing elements**.

2. IDENTIFY THE CFPC INTENT

One of the most important exam skills is recognizing **what the question is really testing**.

When writing or answering a SAMP-style question, always ask:

Behind the scenes, what is the exam testing?

- Which **CFPC Priority Topic(s)** does this case belong to?
- What is the **assessment objective or clinical decision**?

When generating questions as a group:

Each case should include (either revealed immediately or during review):

- CFPC Priority Topic(s) being tested
- The key decision (e.g., risk assessment, diagnosis, management priority)

Optional learning strategy:

Hide the topic and decision initially. After answering, reveal them and ask:

- *Did we correctly identify the CFPC intent?*
- *What clues in the stem signaled this?*

This mirrors real exam conditions, where topics are **not labeled** and must be inferred

3. HOW TO BUILD A STRONG STEM

Use a realistic primary care scenario and force a decision.

Stem formula:
Patient → Context → Trigger → Task

Example:

A 72-year-old woman with diabetes and hypertension presents with 2 days of increasing shortness of breath. Vitals show HR 108, BP 94/58, O_2 sat 90% on room air.

End with a clear task:

- What is the **most appropriate next step**?
- Which finding **most strongly supports** your diagnosis?

- Which intervention is **most likely to reduce harm**?

Avoid:

- Irrelevant details
- Tricky wording
- Decorative information that does not change management

4. PRIORITIZATION & "MOST APPROPRIATE NEXT STEP" THINKING

CFPC questions almost always reward **prioritization**.

Train yourself to think in this order:

1. **Immediate safety** (life-, limb-, or function-threatening issues)
2. **Essential diagnostics** that change management
3. **Initial management** a family physician or ER physician can reasonably initiate
4. **Longer-term planning** (referrals, non-pharmacologic care, resources)

A useful self-check:

*What is the most important thing to do **right now**, even if this patient will ultimately need more care later? What decision would cause harm if delayed or missed?*

Common exam pattern:

Referral is rarely the best answer unless:

- the question explicitly asks about referral, or
- immediate specialist involvement is required (e.g., ophthalmology, ENT, surgical emergencies).

When possible, frame answers around what the family physician can **initiate safely and appropriately**.

5. TURN GUIDELINES INTO EXAM QUESTIONS

When reading a guideline or review article, highlight:

- First-line treatments
- Red flags
- Contraindications
- Thresholds to act
- When *not* to treat

Then convert them into questions:

Guideline Element	**Question Frame**
First-line therapy	"Most appropriate initial management?"
Red flag	"Which feature requires urgent action?"
Contraindication	"Which factor makes this treatment inappropriate?"
Threshold	"At what point should treatment be started?"
De-escalation	"When is it appropriate to stop or reduce therapy?"

Key study tip:

One well-chosen guideline or high-quality review article can usually generate **3–5 high-quality CFPC-style SAMP questions** by testing *different clinical decision points* (e.g., diagnosis, urgency, initial management, safety, follow-up). This is a far more efficient and exam-aligned study strategy than passively rereading the guideline. When multiple guidelines exist, CFPC questions preferentially align with **current Canadian guidance**.

6. USE CFPC LANGUAGE AND SIGNALS INTENTIONALLY

The CFPC exam relies heavily on **pattern recognition**.

Certain phrases are not filler — they are **signals**:

- "Most important"
- "Most appropriate next step"
- "Red flags"

- “Other symptoms you should ask about”
- “Next steps in management”
- “Class of medication”
- “Multiple medical problems”

When writing questions:

- Consider what CFPC topic(s) the wording should immediately bring to mind.
- Ask whether the stem contains enough cues to orient a prepared candidate.

When answering questions:

- Ask yourself: *What CFPC concerns does this stem trigger immediately?*
- If unsure, note the likely topic and return later with that lens in mind.

7. CHOOSING THE RIGHT QUESTION FORMAT

Short Menu (single best answer)

Best for prioritization and safety

→ “Most appropriate next step”

True / False

Best for boundaries and rules

→ Each statement must stand alone

Select All That Apply

Best for safety-critical or multi-step care

→ Each option independently correct or incorrect

Avoid:

- “All of the above”
- Tricky combinations

8. CALIBRATING DIFFICULTY TO END-OF-R2

End-of-R2 residents should be able to:

- Manage common conditions independently
- Recognize dangerous presentations
- Apply guidelines without memorizing minutiae
- Make safe, defensible decisions

Self-check:

- Would a competent R2 reasonably know this?
- Does the question test judgment, not recall?
- Is this common in family medicine?
- Would the wrong answer cause harm or delay?

APPENDIX

Worked Example: From Guideline to CFPC-Style SAMP Questions

Source Guideline

Developmental Dysplasia of the Hip (DDH): Infant Hip Dysplasia Algorithm
(Seattle Children's Hospital, updated October 2023)

Step 1: Identify the CFPC Intent (Behind the Scenes)

- **CFPC Priority Topic(s):**
  Well-baby care; In children
- **Primary Domain of Care (Blueprint Table 1):**
  Children & Adolescents / Preventive Care
- **Core Assessment Objectives:**
  - Risk recognition despite normal findings
  - Appropriate selection and timing of investigations
  - Prioritization of next steps
  - Avoidance of unnecessary referral or over-investigation
  - Longitudinal follow-up to prevent delayed harm

Question 1 — Risk Recognition & Most Appropriate Next Step

Stem
A 3-week-old infant is brought for a routine newborn visit. Pregnancy was notable for breech presentation. Physical examination of the hips is normal, with full abduction and no instability.

Question
What is the **most appropriate next step**?

Options
A. Reassure parents and continue routine care
B. Refer urgently to pediatric orthopedics
C. Obtain a screening hip ultrasound at 6 weeks of age
D. Obtain an AP pelvis radiograph now
E. Repeat physical examination at 6 months

Correct answer: C

Why the wrong answers are tempting

- **A. Reassure** – A normal exam feels reassuring; CFPC often tests when **risk factors override normal findings**.
- **B. Refer urgently** – Learners equate “high risk” with referral; CFPC rewards **appropriate sequencing**, not escalation.
- **D. X-ray now** – “Do something” bias; CFPC expects **age-appropriate investigation**.
- **E. Wait until 6 months** – Watchful waiting bias; CFPC penalizes **delayed prevention of harm**.

Blueprint mapping

- **Key Feature Decision Point**: Children & Adolescents → Presentation / Urgency & Safety
- **Decision-making Emphasis**: Hypothesis generation; Selectivity
- **Domain/Priority Topic**: Well-baby care / In children

Question 2 — Focused Physical Examination Interpretation

Stem
A 4-week-old infant is seen for follow-up. On exam, there is limited abduction of the left hip and a palpable “clunk” with abduction.

Question
Which physical exam finding is **most concerning** for developmental dysplasia of the hip?

Options
A. Audible high-pitched hip click
B. Limited hip abduction
C. Symmetric leg length
D. Increased muscle tone
E. Mild positional asymmetry

Correct answer: B

Why the wrong answers are tempting

- **A. Hip click** – Parents focus on it; CFPC distinguishes **benign vs pathologic cues**.
- **C. Symmetry** – Sounds reassuring but is **non-discriminating**.
- **D. Tone** – Vague abnormality bias.
- **E. Asymmetry** – Common and usually benign.

Blueprint mapping

- **Key Feature Decision Point**: Children & Adolescents → Focused Assessment
- **Decision-making Emphasis**: Physical exam (low frequency, high-yield discriminator)
- **Domain/Priority Topic**: Well-baby care / In children

Question 3 — Thresholds to Act

Stem
A 7-week-old infant with DDH risk factors undergoes screening ultrasound. Alpha angle is 48° and femoral head coverage is 30%.

Question
What is the **most appropriate management**?

Options
A. Reassure and repeat imaging at 6 months
B. Refer to pediatric orthopedics
C. Repeat ultrasound at 12 months
D. Obtain AP pelvis radiograph
E. No further follow-up is required

Correct answer: B

Why the wrong answers are tempting

- **A / C. Repeat later** – Comfort-with-ambiguity bias; CFPC tests **clear action thresholds**.
- **D. More imaging** – "More data" bias; does not change management.
- **E. No follow-up** – Underestimates risk of preventable morbidity.

Blueprint mapping

- **Key Feature Decision Point**: Children & Adolescents → Clinical Reasoning → Management
- **Decision-making Emphasis**: Interpretation; Management
- **Domain/Priority Topic**: Well-baby care / In children

Question 4 — Avoiding Over-Investigation

Stem
Parents of a 2-month-old infant report hearing "clicks" when changing diapers. The infant has a normal hip exam and no risk factors.

Question
What is the **most appropriate response**?

Options
A. Refer urgently to orthopedics
B. Order hip ultrasound
C. Obtain AP pelvis radiograph
D. Reassure parents
E. Immobilize hips and reassess

Correct answer: D

Why the wrong answers are tempting

- **A. Refer** – Fear-of-missing bias.
- **B / C. Image** – Action bias; CFPC emphasizes **selectivity**.
- **E. Immobilize** – Doing something feels safer but is unnecessary and harmful.

Blueprint mapping

- **Key Feature Decision Point**: Preventive Care → Clinical Reasoning
- **Decision-making Emphasis**: Selectivity; Patient-centred approach
- **Domain/Priority Topic**: Well-baby care

Question 5 — Follow-up & Longitudinal Care

Stem
A 9-month-old infant with previously identified mild hip dysplasia has stable, borderline findings on repeat imaging. The child is asymptomatic and developing normally.

Question
What is the **most appropriate next step**?

Options
A. Immediate surgical referral
B. Begin bracing
C. Repeat imaging in 6–12 months
D. Discharge from follow-up
E. CT scan of the hips

Correct answer: C

Why the wrong answers are tempting

- **A. Surgery** – Diagnosis anxiety.
- **B. Treat now** – Intervention bias.

- **D. Discharge** – “Looks well” bias; CFPC values **longitudinal vigilance**.
- **E. CT** – Certainty-seeking bias; inappropriate modality.

Blueprint mapping

- **Key Feature Decision Point**: Children & Adolescents → Follow-up / Continuity
- **Decision-making Emphasis**: Management; Follow-up
- **Domain/Priority Topic**: Well-baby care / In children

Appendix Teaching Takeaways

- One guideline can reliably generate **3–5 CFPC-style SAMP questions** by targeting *different clinical decision points*.
- CFPC questions are written so **wrong answers feel reasonable**; exam readiness requires understanding *why* they are inferior.
- High-performing candidates implicitly identify:
    - the **CFPC Priority Topic**,
    - the **clinical phase**, and
    - the **decision that most reduces harm right now**.
