COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **Which of the following is a non-invasive testing option for ischemic heart disease?**

   A. Cardiac catheterization

   B. Exercise stress test

   C. Coronary angiography

   D. Echocardiography at rest

2. **Which of the following would NOT be considered a red flag for a cardiogenic cause of syncope?**

   A. Family history of sudden death

   B. Syncope with chest pain

   C. Syncope while standing

   D. Associated dyspnea

3. **Which signs and symptoms suggest pyelonephritis rather than acute simple cystitis?**

   A. Fever/chills, flank or back pain, nausea/vomiting

   B. Lower abdominal pain, dysuria, urgency to urinate

   C. Itching, frequent urination, mild fever

   D. Night sweats, abdominal cramps, confusion

4. **What is one of the ECG features that indicates a possible arrhythmic cause of syncope?**

   A. Sinus tachycardia

   B. Persistent sinus bradycardia

   C. Normal QT interval

   D. First degree AV block

5. **Which developmental domain relates to a child's ability to interact with peers?**

   A. Gross motor

   B. Social/interpersonal

   C. Cognition

   D. Speech/language

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6. Which class of medication is known to improve symptoms of rheumatoid arthritis but does not alter long-term disability risk?

A. DMARDs

B. Biologics

C. NSAIDs

D. Corticosteroids

7. What can enhance the role of family physicians in managing acute care situations?

A. Limiting their engagement to chronic care only

B. Collaborating with specialists and emergency services

C. Focusing primarily on administrative duties

D. Using outdated clinical guidelines

8. Which symptom is a red flag indicating a potential cardiogenic cause of syncope?

A. Syncope while standing

B. Syncope during exertion

C. Syncope with nausea

D. Syncope after eating

9. Which joint is most commonly affected in gout?

A. Knee

B. Elbow

C. 1st MTP

D. Wrist

10. Which antibiotics are considered first-line for a simple COPD exacerbation?

A. Ceftriaxone, Metronidazole

B. Doxycycline, Amoxicillin

C. Tetracycline, Ciproflaxin

D. Amoxicillin, Azithromycin

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Answers

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1. B
2. C
3. A
4. B
5. B
6. C
7. B
8. B
9. C
10. B

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Explanations

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1. Which of the following is a non-invasive testing option for ischemic heart disease?

A. Cardiac catheterization

B. Exercise stress test

C. Coronary angiography

D. Echocardiography at rest

The exercise stress test is a non-invasive diagnostic procedure utilized to evaluate the presence of ischemic heart disease. In this test, the patient exercises on a treadmill or stationary bike while heart rate, blood pressure, and ECG (electrocardiogram) readings are monitored. This allows for the assessment of how well the heart functions during physical stress, highlighting any potential ischemic changes that occur under exertion. The significant advantage of the exercise stress test lies in its ability to provide valuable insights into the heart's functional capacity and to identify exercise-induced ischemia. If abnormalities are detected during the test, further investigation may be warranted. In contrast, cardiac catheterization and coronary angiography are invasive procedures involving the insertion of catheters into the cardiovascular system to directly visualize the coronary arteries and assess blood flow. Echocardiography at rest, while non-invasive, typically assesses cardiac function rather than being specifically designed to evaluate ischemic heart disease through stress-related responses. Thus, the exercise stress test clearly stands out as a primary non-invasive option for the assessment of ischemic heart disease.

2. Which of the following would NOT be considered a red flag for a cardiogenic cause of syncope?

A. Family history of sudden death

B. Syncope with chest pain

C. Syncope while standing

D. Associated dyspnea

The scenario in which syncope occurs while standing would not typically be considered a red flag for a cardiogenic cause of syncope. In many cases, syncope that occurs in an upright position is more often linked to vasovagal syncope, orthostatic hypotension, or similar non-cardiogenic origins, particularly if there is no accompanying history of significant structural heart disease or arrhythmias. In contrast, syncope associated with symptoms such as chest pain, dyspnea, and a family history of sudden cardiac death raises significant concern for underlying cardiac issues. Such symptoms are commonly indicative of potential serious cardiovascular problems, including arrhythmias, myocardial infarction, or structural abnormalities of the heart, which necessitate further evaluation. Being aware of the context in which different types of syncope occur helps in distinguishing between non-cardiogenic causes and those that are more likely to have a cardiogenic origin. Thus, the correct choice appropriately reflects the recognition that standing-related syncope is less likely to imply a cardiovascular emergency, while other symptoms indicate a higher risk for a serious cardiogenic cause.

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3. Which signs and symptoms suggest pyelonephritis rather than acute simple cystitis?

A. Fever/chills, flank or back pain, nausea/vomiting

B. Lower abdominal pain, dysuria, urgency to urinate

C. Itching, frequent urination, mild fever

D. Night sweats, abdominal cramps, confusion

Fever, chills, flank or back pain, and nausea/vomiting are key indicators of pyelonephritis, which is an infection of the kidney, as opposed to acute simple cystitis, which primarily involves the bladder. The presence of systemic symptoms such as fever and chills suggests a more serious infection that has ascended beyond the bladder. Flank or back pain is particularly indicative of kidney involvement, as this area corresponds to where the kidneys are located. Nausea and vomiting can occur due to the body's response to a more severe infection, as well as possible irritation of the gastrointestinal system from the systemic effects of the infection. Other symptoms associated with lower urinary tract infections, such as lower abdominal pain, dysuria, and urgency to urinate, are more typical of cystitis and do not indicate kidney involvement. The same is true for symptoms like itching and frequent urination, which may arise from bladder irritation rather than kidney infection. Night sweats and confusion can occur in various infections but are less specific and not necessarily indicative of pyelonephritis compared to the classic symptoms highlighted in the correct answer.

4. What is one of the ECG features that indicates a possible arrhythmic cause of syncope?

A. Sinus tachycardia

B. Persistent sinus bradycardia

C. Normal QT interval

D. First degree AV block

Persistent sinus bradycardia is associated with a higher risk of arrhythmias, particularly in situations where it is symptomatic, such as syncope. In the context of syncopal episodes, bradycardia can lead to inadequate cardiac output, which may result in reduced cerebral perfusion and, consequently, loss of consciousness. In contrast, sinus tachycardia, while indicating increased heart activity, is often a physiological response to stress, fever, or other non-arrhythmic causes rather than a direct indicator of an arrhythmic event. A normal QT interval suggests a lower risk of arrhythmias since prolonged QT intervals are directly associated with increased risk for Torsades de Pointes and other serious arrhythmias. First-degree AV block typically does not present immediate hazards in clinical practice as it often is an incidental finding that does not significantly affect heart function in the absence of other conditions. Thus, persistent sinus bradycardia stands out as a feature that may signal serious underlying arrhythmic complications capable of leading to syncope.

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5. Which developmental domain relates to a child's ability to interact with peers?

A. Gross motor

B. Social/interpersonal

C. Cognition

D. Speech/language

The correct answer focuses on the social/interpersonal domain, which is crucial for a child's ability to interact with peers. This developmental area encompasses the skills needed for communication, relationship building, emotional understanding, and empathy. Children learn how to navigate social situations, understand social cues, develop friendships, and engage in cooperative play through interactions with their peers. In early childhood, these skills are essential for forming connections and developing a sense of belonging in social environments such as schools and playgrounds. Effective social interaction also plays a vital role in emotional regulation and conflict resolution, which are important for overall development and well-being. The other domains, while important in their own right, do not directly address the social interactions among peers. The gross motor domain relates to physical movements and coordination, cognition pertains to thinking, reasoning, and learning abilities, and speech/language focuses on communication skills. While these areas can influence social interactions indirectly, they do not encompass the broader social skills that are fundamental to engaging with peers.

6. Which class of medication is known to improve symptoms of rheumatoid arthritis but does not alter long-term disability risk?

A. DMARDs

B. Biologics

C. NSAIDs

D. Corticosteroids

The class of medication that is known to improve symptoms of rheumatoid arthritis but does not alter long-term disability risk is NSAIDs (non-steroidal anti-inflammatory drugs). NSAIDs are commonly used to relieve pain and reduce inflammation associated with rheumatoid arthritis but do not modify the disease course. Their primary function is symptomatic relief, rather than altering the underlying disease process. While these medications can provide significant short-term improvements in joint pain and stiffness, they do not prevent the progression of the disease or reduce the risk of joint damage and disability over time. In contrast, other classes of medications like DMARDs (disease-modifying antirheumatic drugs) and biologics have been shown to alter the course of rheumatoid arthritis and can reduce long-term disability risk. Corticosteroids may provide similar symptomatic relief alongside some disease-modifying effects, but their long-term use is also not free from risks related to morbidity and complications. This distinction underscores the role of NSAIDs as a key tool in managing the symptoms of rheumatoid arthritis while clarifying that they do not impact the long-term outcomes related to joint health and disability.

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7. What can enhance the role of family physicians in managing acute care situations?

A. Limiting their engagement to chronic care only

B. Collaborating with specialists and emergency services

C. Focusing primarily on administrative duties

D. Using outdated clinical guidelines

Collaboration with specialists and emergency services enhances the role of family physicians in managing acute care situations by promoting a team-based approach to patient care. This teamwork allows family physicians to leverage the expertise of specialists when necessary while ensuring that patients receive comprehensive and coordinated care. In acute situations, timely communication and collaboration can lead to better patient outcomes, as family physicians can facilitate referrals and share important patient information that may influence treatment plans. Additionally, by working alongside emergency services, family physicians can provide continuity of care and ensure patient safety during transitions from emergency care to ongoing management. This approach also allows family physicians to stay informed about the latest practices and protocols in acute care, thereby enabling them to implement evidence-based interventions effectively. The outcome is a more integrated healthcare system that prioritizes the patient's immediate and long-term health needs.

8. Which symptom is a red flag indicating a potential cardiogenic cause of syncope?

A. Syncope while standing

B. Syncope during exertion

C. Syncope with nausea

D. Syncope after eating

Syncope during exertion is a significant red flag that suggests a potential cardiogenic cause of syncope. This is because exertional syncope can indicate underlying cardiovascular issues such as arrhythmias, structural heart disease, or ischemia, which may compromise blood flow and lead to loss of consciousness during physical activity. In contrast, syncope that occurs while standing may suggest orthostatic hypotension, which may not necessarily have a cardiac origin. Similarly, syncope accompanied by nausea could be related to non-cardiac causes such as vasovagal syncope or gastrointestinal issues. Lastly, syncope occurring after eating might indicate postprandial hypotension, another non-cardiac-related issue, often seen in older patients. Thus, while all scenarios should be assessed carefully, syncope during exertion is particularly concerning for potentially serious cardiogenic problems.

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9. Which joint is most commonly affected in gout?

A. Knee

B. Elbow

C. 1st MTP

D. Wrist

Gout is a type of inflammatory arthritis characterized by the deposition of monosodium urate crystals in joints, resulting from elevated levels of uric acid in the blood. The first metatarsophalangeal joint (1st MTP), commonly known as the big toe, is the most frequently affected site in gout. This joint is particularly susceptible to the inflammatory process due to its anatomical structure and the likelihood of urate crystal precipitation in cooler, more peripheral areas of the body. When there is an acute attack of gout, patients often experience severe pain, swelling, and redness at the 1st MTP joint, which may be so intense that even the light touch of bedding can be intolerable. Understanding the common presentation of gout helps clinicians in diagnosing the condition quickly and appropriately. While other joints like the knee, elbow, and wrist can be affected, they are less commonly the initial sites of gout. The characteristic involvement of the 1st MTP joint is a classic feature that aids in recognizing gout, making it central to the condition's identification and understanding.

10. Which antibiotics are considered first-line for a simple COPD exacerbation?

A. Ceftriaxone, Metronidazole

B. Doxycycline, Amoxicillin

C. Tetracycline, Ciproflaxin

D. Amoxicillin, Azithromycin

For a simple exacerbation of Chronic Obstructive Pulmonary Disease (COPD), the first-line antibiotics are typically those that are effective against common bacterial pathogens that could exacerbate the condition, such as Streptococcus pneumoniae and Haemophilus influenzae. Doxycycline and amoxicillin are chosen because they cover these organisms effectively and are recommended in guidelines for the treatment of mild to moderate exacerbations. Amoxicillin is a penicillin-based antibiotic that offers good coverage for the common bacteria associated with COPD exacerbations. Doxycycline, a tetracycline antibiotic, provides broad-spectrum coverage and is often favored for those with penicillin allergies or in cases where atypical bacteria might be considered. In contrast, options that include antibiotics like ceftriaxone, metronidazole, tetracycline, and ciprofloxacin are either not first-line for this specific situation or cover a different spectrum of bacteria that may not be as relevant in uncomplicated COPD exacerbations. Azithromycin, while also effective, is typically reserved for specific cases or guided by local resistance patterns and is not considered a first-line agent in this context. Thus, the combination of doxycycline and amoxicillin presents a well-supported choice for the treatment of a simple COPD

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://familyphysicianscfpc.examzify.com

We wish you the very best on your exam journey. You've got this!

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