

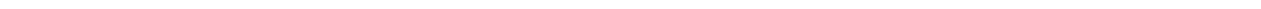


The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada

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# Short Answer Management Problems (SAMPS)





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# SHORT ANSWER MANAGEMENT PROBLEMS (SAMPS)

## A. INTRODUCTION

The Short Answer Management Problems (SAMPs) are intended to measure a candidate's problem solving skills and knowledge in the context of a clinical situation. Basic information regarding the presentation of the patient will be provided and a series of three or four questions will follow for each scenario. When answering questions in this examination, please read the question carefully and provide only the information that is requested. For the most part, each question will require a single word, short phrase or short list as a response. This portion of the examination will be six hours in length.

In an effort to give candidates more help preparing for the family medicine examination the Committee on Examinations has authorized the release of some SAMPs used on previous examinations. The purpose is to give candidates some sense of the format and content they can expect to meet at the time of the exam, and to demonstrate the correct way to answer questions. They are not intended to be study aids.

The evaluation objectives, including topics and key features which guide the College's Committee on Examinations in the development of the test items for the Certification Examination in Family Medicine, is available on the CFPC website, [www.cfpc.ca](http://www.cfpc.ca) in the Exams and Certification section. They will serve to ensure that the examination maintains acceptable validity and reliability. To do this the evaluation objectives have been designed to clearly describe the domain of competence to be tested within each topic area. The majority of cases will be based on these evaluation objectives.

## B. INSTRUCTIONS

For each case, the setting in which you are practicing will be described (i.e., hospital emergency department, family medicine clinic, physician's office).

You can answer most questions in ten words or fewer.

When ordering laboratory investigations be SPECIFIC. For example, CBC, or electrolytes are not acceptable, you must list the specific indices/test you would like for that question.

- (i.e.,
1. hemoglobin
  2. white blood cell count
  3. potassium)

When ordering other investigations, be SPECIFIC. For example, ultrasound is not acceptable, you must specify abdominal ultrasound.

When listing medications, generic names or trade names will be accepted.

Give details about procedures **ONLY IF DIRECTED TO DO SO.**

When providing values or measures only Systeme Internationale (SI) units will be accepted.

Avoid abbreviations which are not commonly used and which may not be clear to an examiner.

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You will be scored only on the number of answers required – 1 point per answer (e.g., if you are asked to provide three responses and put down five, only the first three will be scored).

Put one answer per line, subsequent answers on the same line will not be considered.

Your answers must be listed VERTICALLY in the space provided per item. For example, the following is acceptable (a point is counted for each item listed):

In addition to a routine urinalysis and an abdominal x-ray, what other investigations would be appropriate in investigating this patient? List **FIVE**

1. Urine culture
2. Intravenous pyelogram (IVP)
3. 24-hour measurement of urinary urate
4. Blood urea nitrogen (BUN)
5. Creatinine

The following answers would NOT be acceptable:

**Urine culture, intravenous pyelogram (IPV), 24-hour measurement of urinary urate**

Reason: more than one answer per line, only urine culture would be considered for a point.

**CBC**

Reason: is a series of tests, you must specify the desired parameter (i.e. hemoglobin)

**SMA 7 (electrolytes)**

Reason: is a series of tests, you must specify the desired parameter (i.e. potassium)

PLEASE WRITE LEGIBLY! YOU WILL BE SCORED ONLY ON WHAT CAN BE READ!

### **C. SAMPLES**

A total of 18 sample SAMPs have been provided along with an answer key for each case. These answers are among the responses that would be acceptable to the committee. For many of the questions, there are other acceptable answers that are not listed. Please note that these cases have been released from previous examinations and may not contain current information. They should not be used as a study aid. The purpose of providing these sample answers is to demonstrate the correct manner in which to provide answers. It is imperative that you follow the directions carefully so that you receive full credit for your responses. The examination is very clear about the manner in which candidates are expected to list or write their responses. Deviation from instructions can result in lower scores.

Please use these cases to familiarize yourself with the examination format. If you have any questions or concerns about this component of the examination, please do not hesitate to contact our office.

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### Sample Case # 1

(10 points)

Mrs. Maria de la Haye, age 54, presents at the emergency department (ED) complaining of severe right upper quadrant abdominal pain, which at times radiates to the right shoulder. She feels very nauseated and has vomited twice without relief of the pain. She has been in good health in the past. Her vital signs are as follows:

Blood pressure: 140/88 mm Hg

Pulse rate: 92 bpm

Temperature: 38°C

Respiration rate: 18 bpm

1. Basing your answer on the information above, what is the **most** likely diagnosis?
  
  
  
  
  
  
  
  
  
  
2. What are the possible complications of the condition in Question 1? List **THREE**.
  - 1.
  - 2.
  - 3.
  
  
  
  
  
  
  
  
  
  
3. Which imaging test would be **best** to confirm the diagnosis at this stage?
  
  
  
  
  
  
  
  
  
  
4. Results of Mrs. de la Haye's investigation indicate dilatation of the right hepatic duct. What procedure should be considered at this stage?
  
  
  
  
  
  
  
  
  
  
5. What blood tests would you consider ordering for this patient? List **FOUR**.
  - 1.
  - 2.
  - 3.
  - 4.

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## Sample Case # 1 Answers

### Question 1

Acute cholecystitis/Cholelithiasis/Biliary colic

### Question 2 (Any 3)

Choledocholithiasis/Jaundice/Biliary obstruction

Hydrops

Empyema

Emphysematous cholecystitis

Duodenal perforation and gallstone ileus

Pancreatitis/Hepatitis

Ascending cholangitis

Peritonitis/Perforation of the gallbladder/Necrosis/Gangrene

Sepsis

### Question 3

Abdominal ultrasonography

### Question 4

Endoscopic retrograde cholangiopancreatography (ERCP)

### Question 5 (Any 4)

White blood cell count (WBC)

Bilirubin testing

Alkaline phosphatase testing

Amylase testing/Lipase testing

International Normalized Ratio (INR)/Prothrombin time (PT) measurement

Partial thromboplastin time (PTT) measurement

Aspartate transaminase (AST) testing

Alanine transaminase (ALT) testing



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## Sample Case #2

(16 points)

Elizabeth is a 24-year-old member of a First Nations People, and lives on a reservation. She is eight weeks pregnant with her second child. You are seeing her for the first time, for her first prenatal visit. She is 150 cm tall and weighs 90 kg.

1. What are Elizabeth's risk factors for developing gestational diabetes? List **TWO**.
  - 1.
  - 2.
  
2. What other items of her history would you like to know? List **TWO** items and explain their significance.
  - 1.
  - 2.
  
3. At what point in her pregnancy would you screen Elizabeth for gestational diabetes, given that her current fasting plasma glucose level is normal?
  
4. What screening test would you order?
  
5. A. What result of the screening test in Question 4 would lead you to diagnose gestational diabetes?  
  
B. What result of the screening test in Question 4 would lead you to do further investigations?  
  
C. Should further investigations be necessary, what test would you order next?
  
6. What are the most common risks for the infant of a woman with untreated gestational diabetes? List **TWO**.
  - 1.
  - 2.

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Elizabeth is diagnosed as having gestational diabetes mellitus.

7. Postpartum, what advice would you give Elizabeth to prevent the development of type II diabetes mellitus later in life? List **ONE** goal and the way in which Elizabeth could achieve it.

**Goal:**

**Way to achieve it:**

8. How often would you screen Elizabeth for diabetes mellitus?

9. What screening test would you order?

10. What result of the screening test in Question 9 would lead you to diagnose diabetes mellitus?

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## Sample Case # 2 Answers

### Question 1

Aboriginal race  
Obesity

### Question 2

Size of first baby: If this newborn weighed > 4 kg, gestational diabetes mellitus (GDM) may have been present in the first pregnancy.  
Family history of diabetes mellitus (DM)

### Question 3

At 24 to 28 weeks of gestation

### Question 4 (Either 1)

Glucose challenge test  
Plasma glucose level measurement one hour after a 50-g oral glucose load

### Question 5

- A. A plasma glucose level > 10.3
- B. A plasma glucose level > 7.8
- C. A glucose tolerance test

### Question 6

Macrosomia (large size can lead to birth trauma)  
Neonatal hypoglycemia

### Question 7

Goal: Weight control  
Way to achieve it: Through diet and exercise

### Question 8

Annually

### Question 9

Fasting plasma glucose testing

### Question 10

A result > 7

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**Sample Case # 3**

(16 points)

Mr. Martin Makentrokken, a 64-year-old, married truck driver, presents at your emergency department. He is very nervous because on awakening this morning, he coughed up some blood.

1. What points of his history would you ask Mr. Makentrokken about? List **FIVE**.

- 1.
- 2.
- 3.
- 4.
- 5.

2. What are the **MOST** common causes of hemoptysis? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

On examination, Mr. Makentrokken is in no distress, is hemodynamically stable, and has 98% oxygen saturation on room air. You order a chest X-ray examination and some laboratory tests.

3. What are some important laboratory tests for the investigation of hemoptysis? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

4. What is the definition of massive hemoptysis?

5. What are the reasons to hospitalize a patient with hemoptysis? List **TWO**.

- 1.
- 2.

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## Sample Case # 3 Answers

### Question 1 (Any 5)

History of a bleeding disorder/History of bruising

Whether this is the first episode

Quantity (minor or massive bleeding)

History of lung disease (tuberculosis (TB)/bronchiectasis/fungal infection)

Whether the coughing is new

Whether there is fever/Whether there are night sweats

Use of medications (acetylsalicylic acid [ASA]/warfarin [Coumadin])

History of trauma (nose picking/epistaxis)

Weight loss

### Question 2 (Any 4)

Bronchitis

Tuberculosis (TB)

Fungal infection

Bronchiectasis

Pneumonia

Lung cancer (CA)

### Question 3 (Any 4)

White blood cell count (WBC)

Typing and screening

Hematocrit testing/Hemoglobin testing

Platelet count

IWR/IPTT

Urinalysis

### Question 4

Total volume of blood > 200 to 400/24 hrs or > 100 mL/day for three to four days

### Question 5 (Any 2)

Massive hemoptysis

Hypercapnia

Active tuberculosis (TB)

Ongoing bleeding or unstable vital signs

Hypoxia requiring supplemental oxygen (O<sub>2</sub>)

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### Sample Case # 4

(15 points)

Mrs. Nguyen, a 23-year-old day-care worker, presents at your office complaining of redness and irritation of her right eye over the past 24 hours. She denies any pain. The nurse assesses her visual acuity as OS 20/20, OD 20/20.

1. What other ocular symptoms are important to inquire about? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

2. Other than viral, bacterial, allergic, or irritated conjunctivitis, what common conditions may cause a red eye? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

Mrs. Nguyen admits that she has started using her mother's corticosteroid-based ophthalmic drops.

3. If the patient's condition were caused by certain broad groups of pathogens, corticosteroid drops could worsen the condition. List **TWO** broad groups of pathogens.

- 1.
- 2.

4. What are the potentially serious ocular side effects of prolonged use of topical corticosteroid drops in the eye? List **TWO** side effects.

- 1.
- 2.

5. If this patient were elderly, were complaining of acute pain in the eye, and had visual acuity of 20/200, what ophthalmic diagnosis would you be **MOST** concerned about?

6. What technique is recognized as the "gold standard" for diagnosing the condition in Question 5?

7. What is the **DEFINITIVE** treatment for the condition in Questions 5 and 6?

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## **Sample Case # 4 Answers**

### **Question 1 (Any 4)**

Blurred vision  
Photophobia  
Exudation/Discharge  
Itching  
Colored halos in the visual field  
Sensation of a foreign body  
Double vision/Diplopia

### **Question 2 (Any 4)**

Iritis  
Keratitis  
Acute angle-closure glaucoma  
Presence of a foreign body  
Blepharitis  
Subconjunctival hemorrhage  
Pterygium  
Abrasions  
Chalazion/Hordeolum/Stye

### **Question 3**

Viral pathogens  
Fungal pathogens

### **Question 4 (Any 2)**

Cataracts  
Elevated intraocular pressure  
Optic nerve damage

### **Question 5**

Acute angle-closure glaucoma

### **Question 6**

Measurement of intraocular pressure/Tonometry

### **Question 7**

Surgical peripheral iridectomy/ Laser peripheral iridectomy

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## Sample Case # 5

(15 points)

Jason, a 26-year-old smoker, presents at your office. He is taking no medications. He is concerned about a lump he noted on the right side of his neck about two months ago.

You complete the physical examination. You note a hard, non-tender nodule of about 3 cm on the right lobe of Jason's thyroid. There is also right-sided cervical lymphadenopathy. You sense that his voice is hoarse, and when you Question him further he admits to occasional hoarseness.

1. What factors are associated with an increased prevalence of thyroid nodules? List **TWO**.

- 1.
- 2.

2. Name **TWO** benign thyroid nodules and **THREE** malignant thyroid nodules.

A. Benign nodules:

- 1.
- 2.

B. Malignant nodules:



- 1.
- 2.

3. Certain clinical features are associated with a higher risk of malignant thyroid nodules. What features in Jason's history and examination would raise your suspicion that he has a malignant nodule? List **FOUR** features.

- 1.
- 2.
- 3.
- 4.

You decide to proceed with investigations. Various laboratory and diagnostic imaging procedures are available.

4. What is the **ONLY** thyroid-function blood test required in the initial evaluation of a thyroid nodule?



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5. Assume the result of the test in Question 4 is low.

A. What is the **MOST** appropriate investigation to order now?

B. The result of the test in Question 5A is benign. What is the appropriate investigation to order now?

6. Assume the result of the test in Question 4 is in the **NORMAL** range. What procedure would be appropriate to confirm Jason's diagnosis?

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## Sample Case # 5 Answers

### Question 1 (Any 2)

Exposure to ionizing radiation  
Iodine deficiency (rare in North America)  
A family history of thyroid nodules

### Question 2

#### A. Benign nodules: (Any 2)

Colloid nodule  
Follicular adenoma  
Thyroid cyst  
Hashimoto's thyroiditis  
Multinodular goiter  
Thyroglossal duct cyst

#### B. Malignant nodules: (Any 3)

Papillary nodule  
Follicular nodule  
Medullary nodule  
Anaplastic nodule  
Metastatic nodule  
Lymphoma

### Question 3 (Any 4)

Firm nodule/Hard nodule  
Age younger than 30 years  
Painless nodule  
Hoarse voice  
Male sex  
Cervical lymphadenopathy

### Question 4

Thyroid-stimulating hormone (TSH) test

### Question 5

A. Radionuclide scan of the thyroid (131I scan)  
B. Free thyroxine (T4) test

### Question 6

Fine-needle aspiration biopsy (FNAB) testing

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**Sample Case # 6**

(13 points)

Bart, age six years, presents at your office with his mother, Marge. He has had four nosebleeds in the past three days. The bleeding has been controlled easily with pressure, but Marge is concerned.

1. What other characteristics of Bart's epistaxis are important to inquire about? List **THREE**.

- 1.
- 2.
- 3.

2. What is the **MOST** likely site of Bart's bleeding?

3. Excluding blood dyscrasias, what are the possible causes of Bart's epistaxis? List **SIX**.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

4. If Bart presents with acute bleeding from the nose, what are some treatments you could try? List **THREE**.

- 1.
- 2.
- 3.

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## Sample Case # 6 Answers

### Question 1 (Any 3)

Previous incidents of non-nasal bleeding  
Whether bleeding is from one or two nostrils  
How much bleeding there is  
How long the bleeding lasts  
Preceding events/Trauma

### Question 2

Kiesselbach's area/Little's area/The anterior nasal septum

### Question 3 (Any 6)

Trauma  
Inflammation/Infection/Upper respiratory tract infection (URTI)  
Presence of a foreign body  
A neoplasm  
An aneurysm/Atrioventricular (A-V) malformation  
Arteriosclerosis  
Osler-Weber-Rendu disease  
Medication use  
Recent surgery  
Dry environment  
Nose picking

### Question 4 (Any 3)

Ice and pressure  
Cauterization (with silver nitrate)  
Local vasoconstriction/Lidocaine plus epinephrine/Anterior packing with cocaine/Balloon vasoconstriction  
Nasal packing  
Rhinorrhaphy

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### Sample Case # 7

(8 points)

Mr. Bob Cook is a 32-year-old mail carrier. He presents at your office with a dog bite to the upper right arm. He was bitten three hours ago and is very frightened that he may have been infected with rabies. His last tetanus immunization was 11 years ago, and he had his primary immunization series for tetanus as a child.

1. What items in the history are important to obtain in order to determine Mr. Cook's risk of rabies infection? List **FIVE** items.

- 1.
- 2.
- 3.
- 4.
- 5.

2. You immediately use soap and water to wash and flush the open area of the wound. After washing, you apply 70% alcohol. The history has not allowed you to rule out the possibility of rabies infection. Your management would include giving **THREE** agents. List these agents.

3.

- 1.
- 2.
- 3.

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## **Sample Case # 7 Answers**

### **Question 1 (Any 5)**

Was the dog caught?/Can the dog's owner be identified?

The dog's vaccination status

Whether this was a provoked or an unprovoked attack

The animal's behavior

The patient's previous rabies immunization status

Geographic location/Prevalence of rabies in the area

Nature of the bite (i.e., puncture, abrasion, or bite)

Whether the dog is wild or a pet

### **Question 2**

Rabies vaccine/Human diploid cell vaccine (HDCV)

Rabies immune globulin (RIG)

Tetanus booster/Tetanus-diphtheria toxoid (TD) adult-type booster

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### Sample Case #8

(11 points)

Anna Melena, a 25-year-old woman presents at your office with a 24-hour history of lower abdominal pain. Initially the pain was generalized, but over the past few hours it has localized to the right lower quadrant. She denies having any fever, chills, nausea, vomiting, bowel or urinary symptoms.

1. What other items of Anna's history are important to elicit? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

You perform an abdominal examination, which reveals right lower quadrant tenderness with associated guarding. A bimanual examination reveals tenderness in the right adnexa, with mild cervical excitation. Results of a rectal examination are negative.

2. In addition to an ultrasound examination, what laboratory tests would you order at this point? List **THREE**.

- 1.
- 2.
- 3.

3. What are the important diagnoses to consider in this patient? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

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## **Sample Case #8 Answers**

### **Question 1**

Vaginal discharge

Date of last menstrual period (LMP)

Sexual history

Previous abdominal surgery

### **Question 2**

White blood cell count (WBC)

Serum beta-human chorionic gonadotropin (HCG) test

Endocervical swabs

### **Question 3**

Ectopic pregnancy

Appendicitis

Pelvic inflammatory disease (PID)

Rupture of an ovarian cyst



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### Sample Case #9

(13 points)

Marianne is a four-year-old who has been in good health, except for a past history of two uncomplicated urinary tract infections (UTIs). Her mother brings her to the office with symptoms of urinary frequency, urgency and dysuria, which have been present for 12 hours.

1. What other symptoms of Marianne's present illness would help you assess her problem? List **FOUR**.
  - 1.
  - 2.
  - 3.
  - 4.
  
2. Name **ONE** antibiotic commonly used for the OUTPATIENT treatment of UTI in a child of this age, and the minimum duration of treatment.
  1. **Antibiotic:**
  
  2. **Minimum duration of treatment:**
  
3. Excluding follow-up after urinalysis and culture, what investigations should you recommend if urinalysis and culture results confirm UTI in this patient? List **TWO** investigations.
  - 1.
  - 2.
  
4. What underlying abnormalities are most often associated with recurrent UTI in children (both boys and girls) of this age group? List **THREE** abnormalities.
  - 1.
  - 2.
  - 3.
  
5. Long-term suppressive treatment can be used for recurrent UTI without underlying abnormalities. If investigations show no underlying abnormalities, what suppressive treatment will you use for Marianne? List the medication, the minimum duration of treatment, and the follow-up management.
  1. **Medication:**
  2. **Minimum duration of treatment:**
  3. **Follow-up management:**

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## Sample Case #9 Answers

### Question 1

Chills

Urinary incontinence

Nocturia

Abdominal pain

### Question 2

**Antibiotic:** Trimethoprim

**Minimum duration of treatment:** Ten days to two weeks

### Question 3

Abdominal ultrasonography

Intravenous pyelography (IVP)

### Question 4

Vesicoureteral reflux

Posterior urethral valves

Ureterocele

### Question 5

**Medication:** Bactrim

**Minimum duration of treatment:** Three months

**Follow-up management:** Culture testing every one, two, or three months

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### Sample Case #11

(18 points)

Jamie is a seven-year-old boy who is brought to your office by his mother. He has a one-month history of dry cough, which is worse at night, and wheezing. The wheezing seems to be getting worse. His mother states that "colds seem to go to his chest". The chest is clear on auscultation and percussion. An X-ray film of the chest was reported as normal.

1. Excluding family history, what additional information would be important in this child's history? List **SIX**.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

2. If you were quite certain that Jamie has asthma, what would be your initial treatment/management steps? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

Despite adequate initial treatment, Jamie's condition deteriorates and he presents at the emergency department one week later. You determine from the history and examination that he is in *status asthmaticus*.

3. In point form, give the stepwise management of status asthmaticus in this child. Arterial blood gases and peak expiratory flow measurements have been done. The patient's condition is being continuously monitored and reassessed. Assume his condition continues to deteriorate throughout treatment. List **EIGHT** steps.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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## Sample Case #10 Answers

### Question 1

Child's history of atopy  
Child's history of asthma  
Child's history of allergies  
Use of medications  
Recent infection  
History suggestive of foreign body aspiration

### Question 2

Patient education  
Removing precipitating factors  
Inhaled beta-agonist  
Peak-flow meter

### Question 3

Supplemental oxygen (O<sub>2</sub>)  
Nebulized salbutamol (Ventolin)  
Subcutaneous epinephrine  
Intravenous (IV) steroids  
IV fluids  
Admission to the intensive care unit (ICU)  
IV salbutamol  
Intubation

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## Sample Case #11

(23 points)

Your patient is Sandra Hayes, a 25-year-old woman. You first saw her two weeks ago, when she presented at your office for a complete examination. Her main complaint was fatigue. After a careful history and a physical examination, you conclude that Sandra is depressed.

1. Other than a past history of depression, what symptoms would help you confirm a diagnosis of clinical depression in Sandra? List **SEVEN**.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

2. You have concluded that Sandra is indeed depressed, and you are now very concerned about her risk for suicide. What factors would lead you to suspect a high risk for suicide? List **FIVE**.

- 1.
- 2.
- 3.
- 4.
- 5.

After discussion with Sandra, you conclude that she has been significantly depressed for some time. Currently she is **NOT** at risk for suicide, but you believe medical treatment is warranted. You decide to prescribe a selective serotonin-reuptake inhibitor (SSRI) antidepressant. You want to warn her of possible side effects.

3. What are the common side effects of SSRI antidepressants? List **SEVEN** side effects.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

4. What other classes of antidepressant medication could you use for Sandra? List **TWO**.

- 1.
- 2.

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## Sample Case #11 Answers

### Question 1

A depressed mood  
Anhedonia  
Weight loss  
Insomnia  
Fatigue/Poor energy  
Feelings of worthlessness  
Diminished ability to think or concentrate

### Question 2

A preoccupation with death or suicide  
A specific plan for suicide  
A family history of suicide attempts  
The lack of a support system (i.e., friends, family, or spouse)  
Alcohol or drug abuse

### Question 3

Dizziness  
Headache  
Sedation  
Diarrhea  
Tremor  
Gastrointestinal (GI) upset  
Insomnia

### Question 4

Tricyclic antidepressants (TCAs)  
Serotonin-norepinephrine reuptake inhibitors (SNRIs)

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## Sample Case #12

(9 points)

Marcel Clouthier, a 47 year old bowling instructor, presents with a one-month history of chest pain which begins in the lower chest and “rolls around” into the upper abdomen. It has awakened him at night and is not related to activity. He has smoked two packs of cigarettes/day for 30 years. He has lost 15 kgs (33 lbs) in weight over the last 3 months.

On examination he is quite thin and his blood pressure is 110/80; examination of the heart, chest, abdomen, and rectum are normal.

1. List your **FOUR** major differential diagnoses.

- 1.
- 2.
- 3.
- 4.

2. In addition to an upper GI series and blood tests, what other non-invasive tests would you order? List **TWO**.

- 1.
- 2.

Two weeks later, Marcel has lost eleven more kilos (5 lbs) and the pain is now clearly in the upper abdomen. He is tender in the epigastrium. An upper GI series shows a gastric ulcer.

3. What would you recommend as the next step in investigation/management? List **TWO**.

- 1.
- 2.

4. What is your rationale for this recommendation?

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## **Sample Case #12 Answers**

### **Question 1**

Lung cancer

Esophageal cancer

Gastroesophageal reflux disease (GERD)

Ischemic heart disease

### **Question 2**

Chest X-ray examination

Electrocardiography

### **Question 3**

Referral for endoscopy

Referral for biopsy

### **Question 4**

Gastric ulcer is associated with a risk of malignancy.



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**Sample Case #13**

(9 points)

Susan Edwards is a slim, 30-year-old nonsmoker who presents early in her second pregnancy. You did not attend her during her first pregnancy, which was two years ago. She tells you that her baby was in the neonatal intensive care unit because of “low blood sugars.” You suspect gestational diabetes.

1. What items of the patient’s history (other than those listed above) are important to elicit at this time? List **THREE**.

- 1.

- 2.

- 3.

2. What fasting **AND** two-hour postprandial glucose values, in mmol/L, should be the goals of therapy?

**Fasting glucose measurement:**

**Two-hour postprandial glucose measurement:**

3. Other than any risks associated with delivery, what risks does gestational diabetes carry for the newborn? List **FOUR**.

- 1.

- 2.

- 3.

- 4.

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## Sample Case #13 Answers

### Question 1

History of the first pregnancy

Family history of diabetes

Weight gain during previous pregnancy

### Question 2

**Fasting glucose measurement:** 5 to 6 mmol/L

**Two-hour postprandial glucose measurement:** 6 to 8 mmol/L

### Question 3

Hypocalcemia

Hypoglycemia

Hyperglycemia

Polycythemia

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### Sample Case #14

(11 points)

Jim Brown, a 40-year-old executive, has come to see you for a periodic health evaluation.

1. List risk factors for cardiovascular disease, which, if present, would lead you to order a total cholesterol assay. Assume that the patient has no specific symptoms. List **FIVE** risk factors.

- 1.
- 2.
- 3.
- 4.
- 5.

Based on other risk factors, you decide to order a fasting total cholesterol assay. The result is 7.1 mmol/L.

2. What test do you order next?

Further investigation indicates that the patient's serum cholesterol level places him in the highest risk group.

3. Excluding the use of drugs, list therapeutic recommendations you would make now. List **TWO**.

- 1.
- 2.

4. List **THREE** drugs, each in a different class, which may be prescribed to lower serum lipids.

- 1.
- 2.
- 3.

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## **Sample Case #14 Answers**

### **Question 1**

Smoking

Hypertension

Family history of hypercholesterolemia

Diabetes mellitus

Obesity

### **Question 2**

Fasting high-density lipoprotein (HDL)

### **Question 3**

Risk factor reduction

Diet

### **Question 4**

Cholestyramine (Questran)

Nicotinic acid (niacin)

Lovastatin (Mevacor)

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### Sample Case #15

(12 points)

Elizabeth, age 16 years, is well known to you. She presents at your office to request a prescription for oral contraceptives (OCs). You determine that she has been sexually active for the past four months. Sexual activity has included vaginal intercourse. Elizabeth reports that her last normal menstrual period started one week ago.

1. What are the ABSOLUTE contraindications to the use of Ocs for Elizabeth? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

2. What physical examination maneuvers would you do before prescribing OCs? List **THREE**.

- 1.
- 2.
- 3.

3. Elizabeth is worried about the possible side effects of OCs. What side effects are most likely to be caused by progestin excess? List **FOUR**.

- 1.
- 2.
- 3.
- 4.

Elizabeth has been taking OCs for one and a half cycles. She reports that her first "pill" period was normal. She is at day 16 of her second cycle of OC use and says she is spotting. A friend told her she should change to a different OC. You ascertain that she is taking the pill regularly and at the same time every day.

4. What do you advise Elizabeth to do?

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## **Sample Case #15 Answers**

### **Question 1**

Present or past estrogen-dependent malignancy  
Undiagnosed vaginal bleeding  
Hepatic tumor  
Pregnancy

### **Question 2**

A baseline blood pressure measurement  
Percussion and palpation of the liver  
A breast examination

### **Question 3**

Decreased libido  
Depression  
Fatigue  
Increased appetite

### **Question 4**

Continue with the same pill for a full three-month trial period

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