

The Bad Family Medicine Resident's Guide to the CCFP Examination

This advice is based on an article written over 15 years ago by Ben Horowitz, an American tech investor, businessman and author. His target was product managers in Silicon Valley, and his message soon became the creed of good product managers throughout the valley. I've adapted his advice for cooler climes and bright minds of the Fraser Valley.

Good family medicine residents know the format of the exam and seek test-taking advice from recent graduates and examiners. Crucially, good family medicine residents adapt this advice to their own strengths and weaknesses. They start practicing with their co-residents in January and continue this weekly without exception. They study CCFP marking rubrics and spot trends in how marks are allotted, making sure to incorporate this into their approach. Good family medicine residents know that time will be a limiting factor in their exam; they realize that practice that is not timed is not relevant. A good family medicine resident is the CEO of his or her exam strategy and assumes control of the process.

Bad family medicine residents feel good when they have a stack of meticulously formatted and highlighted summary notes that they cannot apply to the SOO format. Bad family medicine residents either don't listen to feedback that this is futile, or don't realize it until two weeks before their exam. They forget that this is a chiefly an oral examination, but study for it like most of their medical school examinations.

Good family medicine residents commit to a study methodology early. They create a study calendar in December and cover one topic per day. They study using only three resources. They download the 99 App¹ and carry their spiral-bound Family Medicine Notes² to clinic. They treat every office encounter as a mock SOO. If they are still on iOS, they realize that now would be a good time to switch to Android, as the app is only available on the latter. They quiz themselves with the Family Medicine Study Guide App.³

Bad family medicine residents look for a "golden approach" that works, without accounting for their unique strengths and weaknesses. They spend months switching study tactics in the hope of finding *the secret approach* that works. It doesn't work.

Bad family medicine residents have a lot of excuses. Not enough practice, my roommate is too noisy, my friends in Halifax Family Medicine have more program-sponsored practice than I do, I don't get enough help, I'm on call for 5 hours every 6 days and never have time to study. Bad family medicine residents are very scared when they graduate because they didn't put in the work when they had the luxury of oversight.

Good family medicine residents know that the SOO exam is nothing more than a series of verbal essays with some empathy swirled in. They always ask about the low-hanging fruit, like allergies and medication lists. They get a thorough social history, including relationships, finances, current stressors, leisure activities, relationships with siblings and parents, and other

information that is never asked in real life. They solicit feedback on their plan from the patient. Good family medicine residents consider mind (counsellor, support groups), body (PT/OT) and wallet (social work, financial support) with their community referrals. They incorporate health counselling, pharmacological and non-pharmacological treatments, and future monitoring and investigations into their plan. They offer to be the patient's family MD and state their intent to perform a physical examination at the next visit. And they always consider safety in its various forms – like falls, driving, abuse, alcohol, and access to guns.

Bad family medicine residents focus solely on medications and investigations in their plan. They do not explicitly provide the patient with a diagnosis in plain language. They talk to patients like they do to fellow doctors. Bad family medicine residents focus on technical accuracy without a human touch.

Good family medicine residents know that while contrived and not representative of real life, that the examination is a good chance to create helpful resources for when they are in practice. Good family medicine residents create study opportunities out of everyday patient encounters and look up information that moment, rather than “later tonight” (which always comes late). Bad family medicine residents are “always swamped” with patient care, without realizing that they can use this patient care for their exam preparation.

Both good and bad family medicine residents await their exam results anxiously.

Joseph Westgeest is a bad family medicine resident currently living in Halifax.

Resources:

1. <https://primarymedicinepodcast.com/99-practice-topics-certification-examination-in-family-medicine/>
2. https://familymedicinenotes.com/Family-Medicine-Notes--2020-Hard-Copy-_p_35.html
3. <http://www.familymedicinestudyguide.com>