

SUPPLEMENTAL EMERGENCY
MEDICINE EXPERIENCE (SEME)

CCFP-EM EXAM PREP



By Dr. Carly Ng
Thanks to Dr. Michelle Yee for the slides

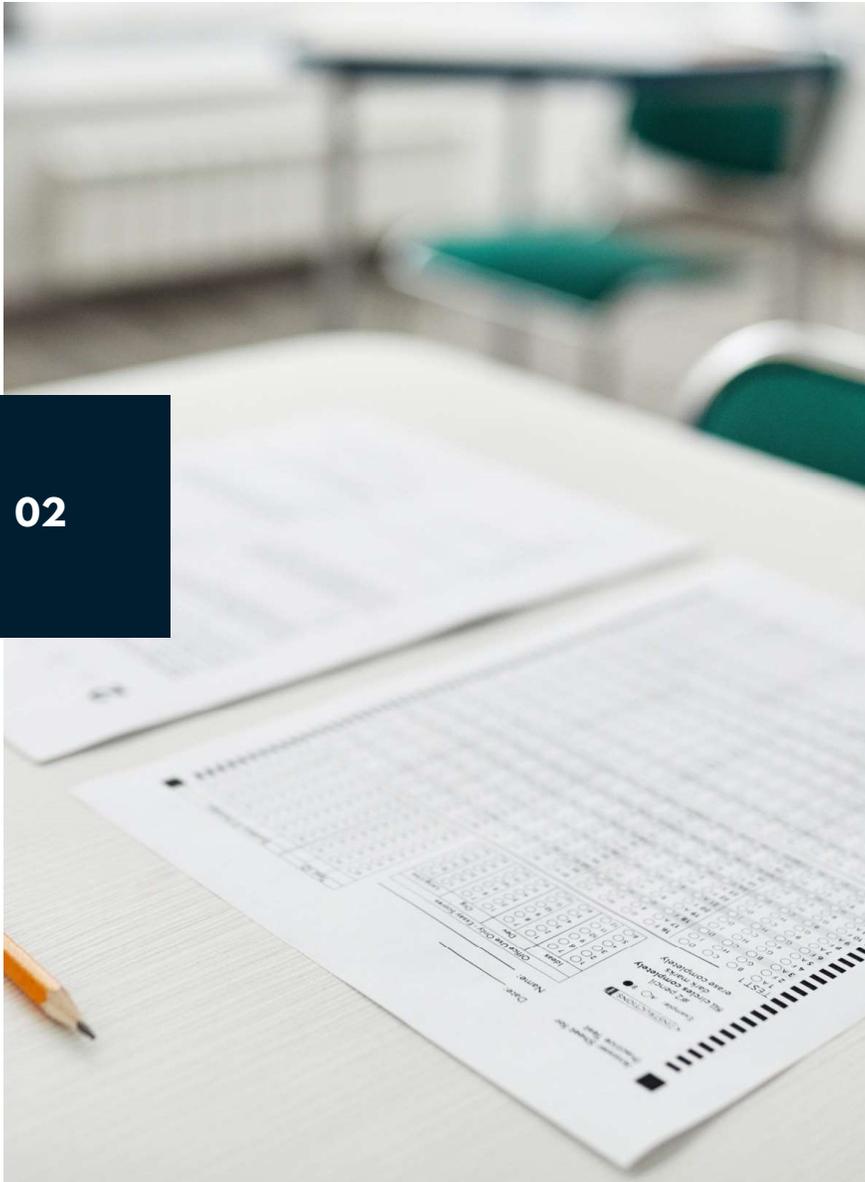
DISCLOSURES

- FINANCIAL

- Funding only through SEME

- CCFP-EM EXAMINER

- I do not do exam prep after Aug 1 for SEME or CCFP-EM cohorts
- No sharing of confidential exam information



02

Exam Dates
Eligibility
Statistics and Pass Rates
Written Exam Format
Structured Orals
Exam Tips
Resources
Preparation with SEME

AGENDA

EXAM DATES 2025

SAMPs: September 2 & 3, 2025

Structured Orals: September 10 & 11, 2025

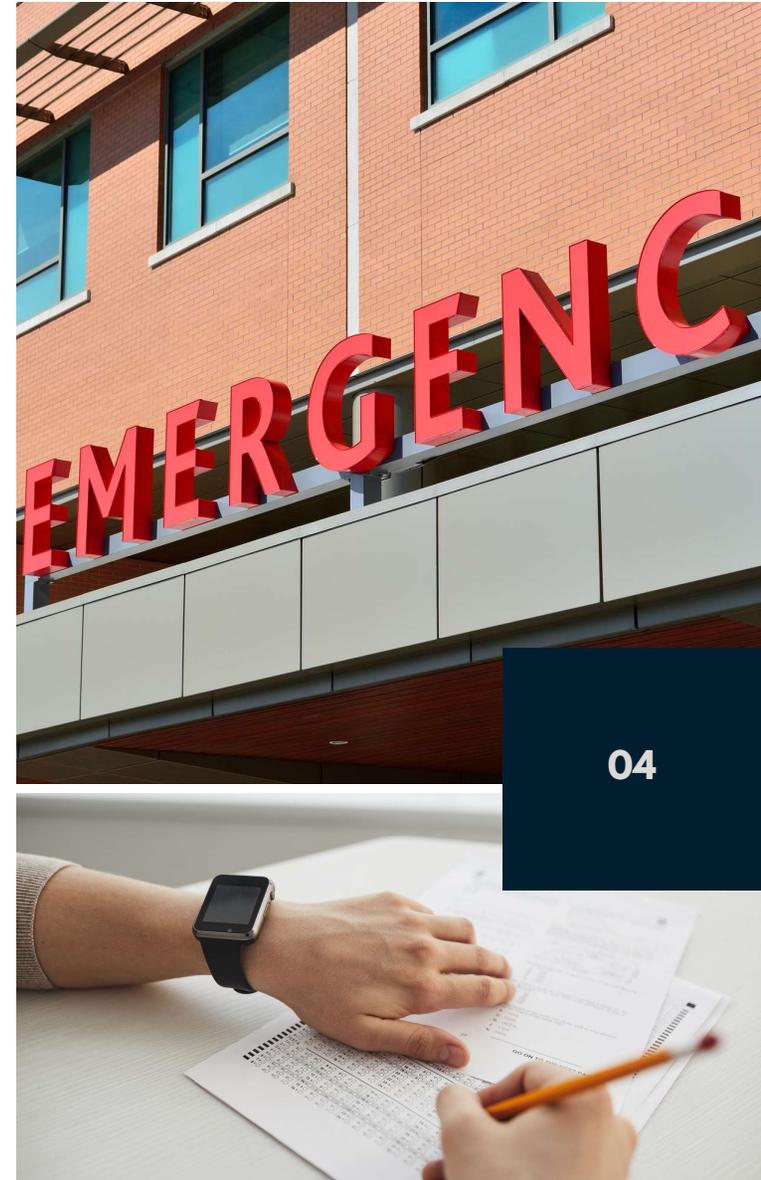
Application Date/Deadline: April 15–June 15, 2025

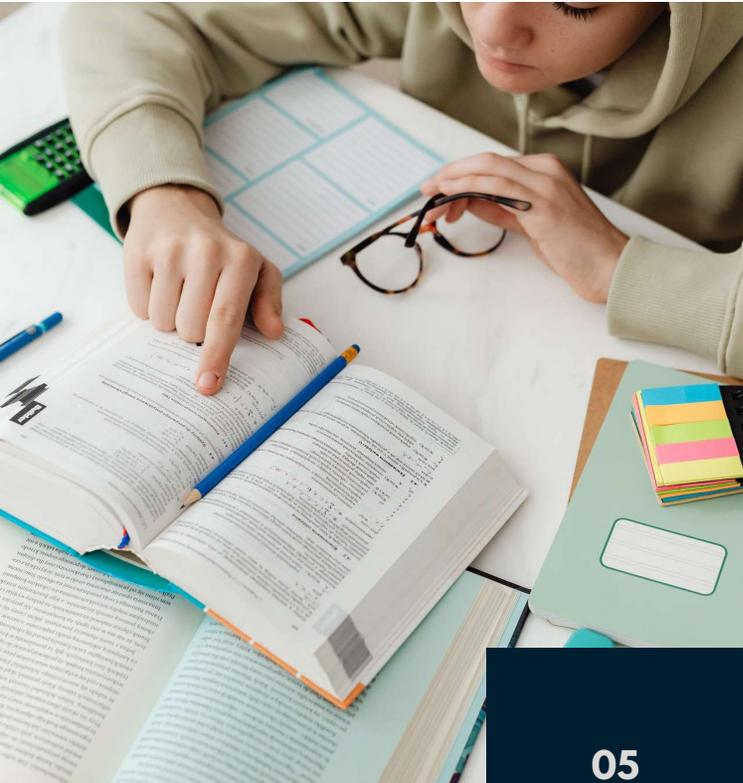
Exam fee: \$6,324



ELIGIBILITY

- MUST HAVE CCFP
 - & remain in good standing
- PRACTICE 400 HOURS IN EM / YEAR
 - for **four-year period** immediately prior
 - SEME fellowship counts as 256 hours
 - Must have acutely ill patients requiring emergent/urgent care, incl. procedural skills
- AFTER GAINING APPROVAL, MAX UP TO 3 YEARS OR 3 EXAM ATTEMPTS





05



SEME EXAM PREP

- OCCURS ANNUALLY IN THE SPRING AND SUMMER
 - Usually about 5-6 sessions
 - Virtual and accessible anywhere online!
- ALL PAST SEME GRADS WELCOME
 - Regardless of year that they graduated or site
 - And also if it's not their first attempt
- RESOURCES SHARED WITH U OF T'S CCFP-EM'S
 - No taped sessions

WRITTEN

(SAMP'S)

+

ORAL

(STRUCTURED ORALS)

ONE DAY EACH

MUST PASS **BOTH** SECTIONS

241 candidates wrote exam

59% residency-eligible vs. 41% practice-eligible

Oral exam was virtual

Written was remote or online in person at exam centres

14 locations in Canada



08

EXAM BASED ON

35

PRIORITY TOPICS IN
EMERGENCY
MEDICINE

Plus [CAEP Ultrasound Guidelines](#)

Exam written new each year

Emergency Medicine

Key Features of the Priority Topics for the Assessment of Competence in Family Medicine at the Enhanced Skills Level

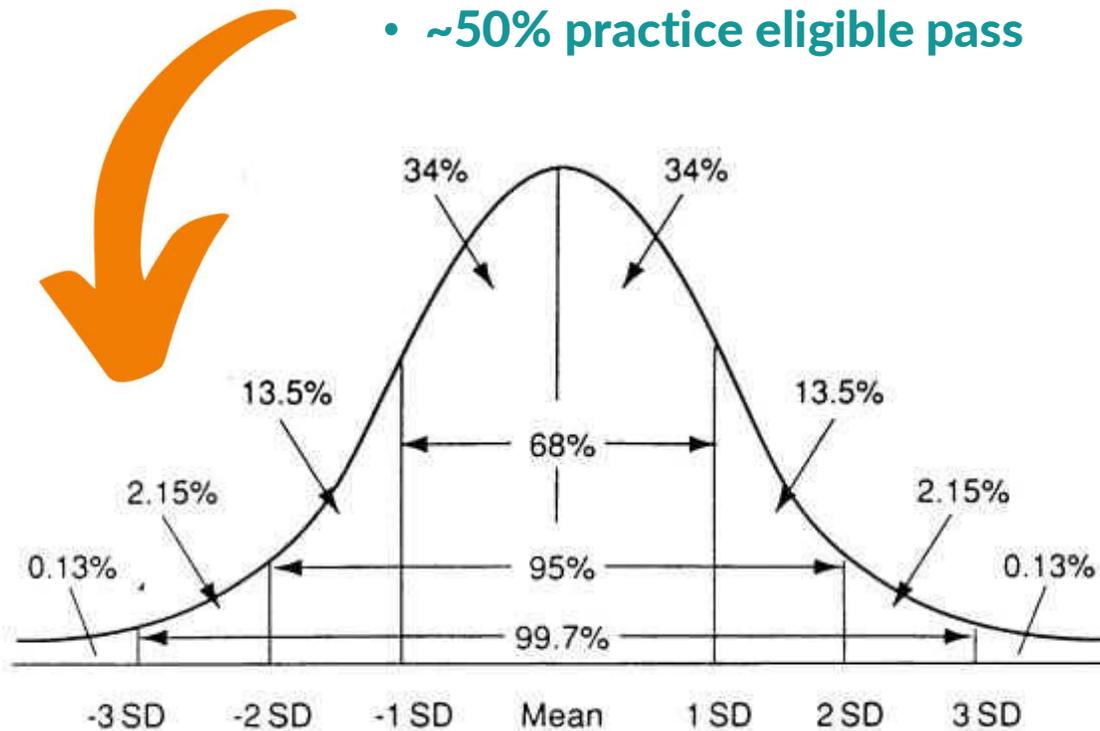
Analgesia/Sedation

1. Given a patient in pain, assess analgesic needs in a structured fashion, using pain scales and objective signs (e.g., HR, BP, diaphoresis) and taking note of patient preferences and previous responses to analgesic regimens.
2. Given a patient with a painful condition, select appropriate techniques and agents for the condition (e.g., drugs, splints, local infiltration, peripheral or regional block) using the most effective/least dangerous combinations available.
3. Given a patient who requires strong analgesia, provide adequate analgesia tailored to the cause of pain using appropriate/multiple agents by appropriate routes, and in higher doses as required and titrated to pain relief.
4. Given a patient with a painful condition requiring sedation, ensure adequate analgesia is provided simultaneously.
5. Before performing procedural sedation, assess formally for risks of complications (e.g., airway, hemodynamics).
6. In a patient who is or has been sedated, monitor for desired effects and complications, titrating for effect and safety and preparing to manage over-sedation, then ensure post-procedure monitoring with safe and practical discharge instructions.

PASS MARK

Set at 2SD below the mean for 1st time residency trained graduates = bottom 2.5%

- ~50% practice eligible pass



WRITTEN EXAM

Short Answer Management Problems (SAMPs)

4.5 hour day - computer based

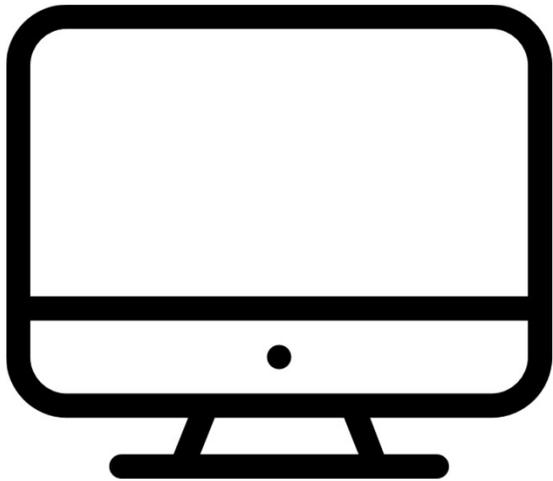
15min orientation + 4 hour written + 15min optional break

Intended to be more clinical instead of esoteric minutia

Often case based, in a community hospital setting

New questions written every year

WRITTEN EXAM



EXAM CENTRES

No personal items in the room, no watches. Will have timer on screen. Clear, label-free capped water bottle allowed

Only bring entrance letter and ID (driver's license or passport).

Will have another area for personal belongings (keys, cell phone, etc.)

You will receive pencil, 2 pieces of blank paper, and ear plugs

This case has 4 question(s).

A 68 year old male presents to your office after he noticed a rapid heartbeat when waking up this morning. He is not known to you, but he states that he has no significant past medical history and is currently taking no medications.

On examination his vital signs are: HR 113, irreg irreg. BP 120/80.



1/2 computer screens:

Left = case

Right = questions to answer



Question 1 of 4

Based on the ECG in figure 1, what is the most likely rhythm abnormality? List ONE

Case

Image

Table of Normal Values

Calculator

[LINK TO TUTORIAL FOR SAMPS](#)

Will have timer on screen and table of normal values

TYPES OF SAMP QUESTIONS

"REQUISITE KNOWLEDGE"

Knowing key history points, physical exam findings, criteria, risk factors, test interpretations.

Also indications, contraindications, alternatives for treatment/intervention

"THE PROCEDURE"

Describe common procedures at level of med student terminology

Remember easy points: consent, analgesia, post-procedure care/eval (vitals, dressing, x-ray, d/c)

"WATERFALL Q"

Subsequent sections depend on correct answer in the early part

++Caution with answering initial question

TYPES OF SAMP QUESTIONS

"INVESTIGATIONAL AWARENESS"

Understanding when to appropriately order certain tests/investigations, advantages, disadvantages and limitations for tests.

"CLIN EPI & QI"

Basic statistics and epidemiology definitions.

How to do a 2x2 table, define and calculate sensitivity, specificity, PPV, NPV, NNT, and common sources and types of bias.

How to design a QI study.

"DISPOSITION DECISION"

Understanding discharge vs. admission vs. referral for certain presentations and counselling



MAY INCLUDE

**PRACTICE PATTERNS
STANDARD OF CARE
COMMON IN LITERATURE**

- e.g. Ottawa Ankle Rules

GENERALLY, NOT CUTTING-EDGE

- e.g. new studies, new podcasts,
new bedside U/S indications

Case 2840

You are working in a community hospital emergency department. A 45-year-old male is brought by Emergency Medical Services actively seizing despite having received a total of midazolam 20mg IV. He is restrained supine on the ambulance stretcher, foaming and gurgling at the mouth.

Nursing staff place him on a monitor and obtain vital signs.

Question 1

What instruction should you give your two nurses in positioning this patient on the stretcher? Give **ONE** answer.

Lateral decubitus position / seizure pads / recovery position

Question 2

What should be the first investigation you order? List **ONE**.

Capillary glucose

Question 3

His wife accompanied the patient in the ambulance. She tells you that the patient does not use ethanol or drugs. What medications commonly available as second line agents in the emergency department could you use next to terminate the seizure activity? List **THREE**.

Phenytoin / Fosphenytoin

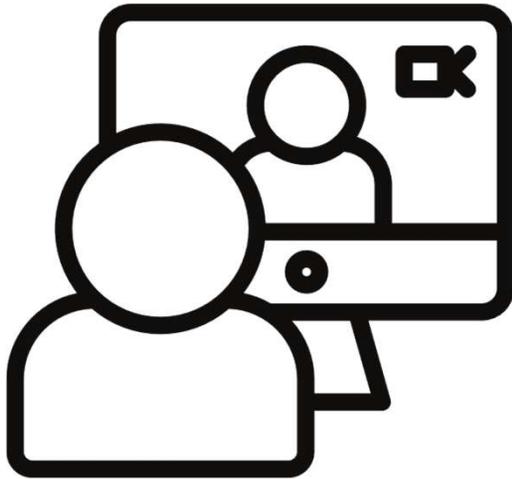
Levetiracetam (Keppra)

Valproic acid

Phenobarbital

SAMPLE SAMPS FROM CFPC

[LINK TO SAMPLE
SAMPS](#)



ORAL EXAM

VIRTUAL THIS YEAR

Each station: You + examiner + proctor +/- observer

BASED ON KEY PRIORITY TOPICS

Each oral exam is written with one in mind

4 X 12 MINUTE STATIONS

Manage one single patient from presentation

to disposition

ORAL EXAM

LAB/IMAGE INTERPRETATION

B/W, X-rays, ECG's, U/S, CT's, images may be provided

PROVIDED WITH...

Risr software has word-processing “notepad” for you to type notes

Pen/paper NOT allowed

Try to keep notes minimal - may help with pacing and memory, but do NOT write out the history



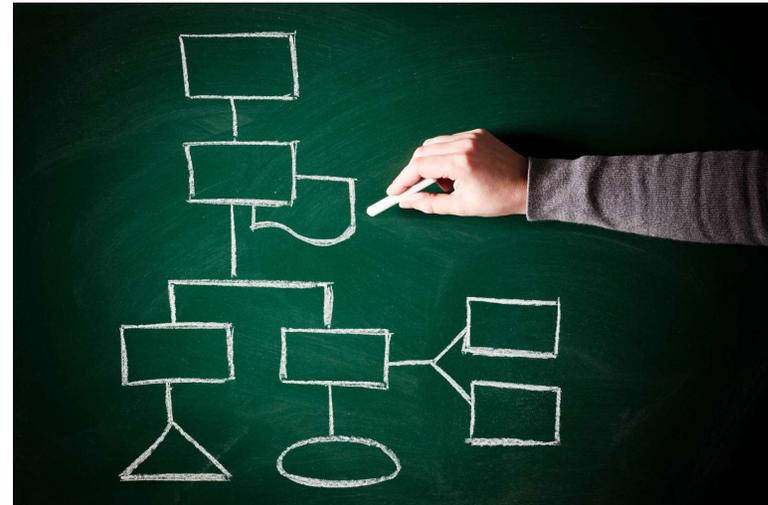
ORAL EXAM

- START BY READING CASE OUTLOUD
 - Preset time to read case out loud (2min)
 - May include: short HPI, PMHx, meds (not OTC or herbal), allergies, weight (sometimes height), immunizations
- EXAM IS TESTING GENERAL ASSESSMENT AND MANAGEMENT SKILLS
 - Primary Survey, Focused history, physical/2o Survey, and investigations
 - There may be unanticipated twists and turns
 - Manage the case as you would in real life
 - **Do NOT overly focus on what the exact diagnosis is**

ORAL EXAM

TENDS TO FOCUS ON APPROACH TO PROBLEMS

- Decreased LOC
- Chest pain
- Acute trauma
- Febrile child
- Burn patient
- Acute resp distress
- Toxicology case
- etc.



Effective study/exam strategy:

Develop a framework for
common presentations

ORAL EXAM



**ACTUAL
CLINICAL
PRACTICE**

****TAKES REPETITION & PRACTICE****

Be systematic and purposeful.

RESOURCES FOR STUDYING

DEPENDS ON THE
INDIVIDUAL &
STUDYING STYLE

23



TEXTBOOKS

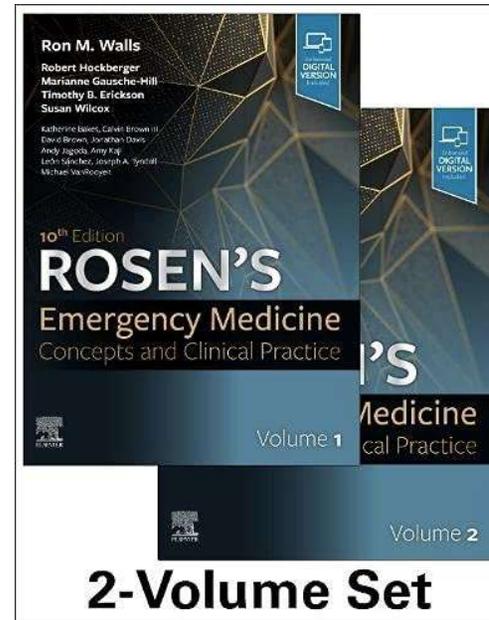
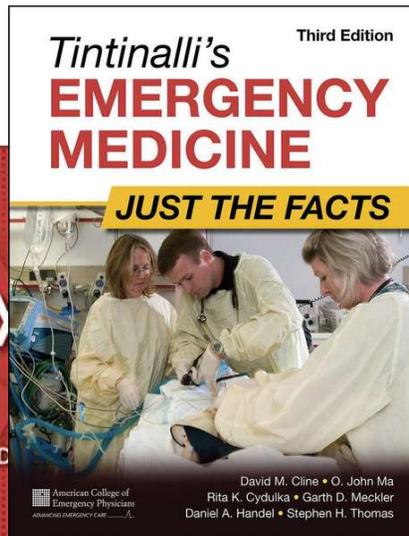
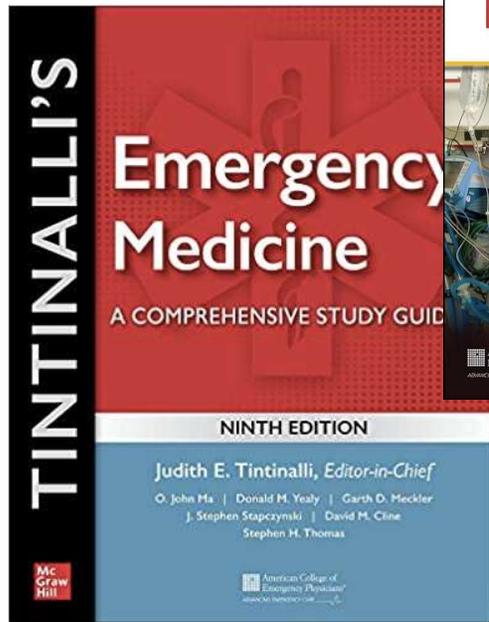
Multiple options

PODCASTS / VIDEOS

Caution: need to be systematic
about this

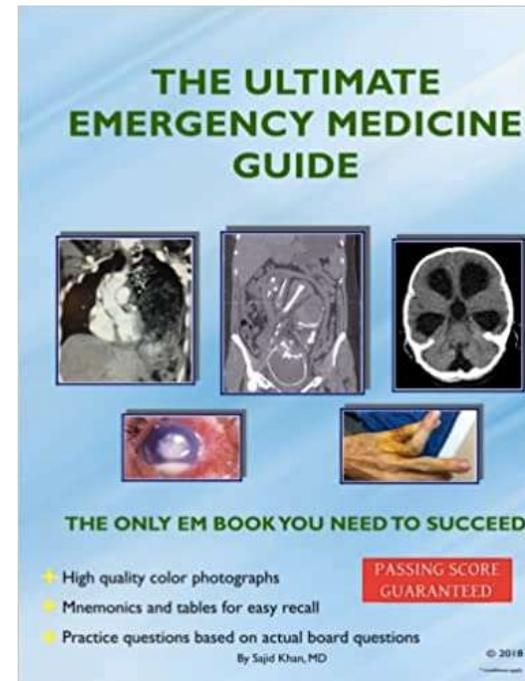
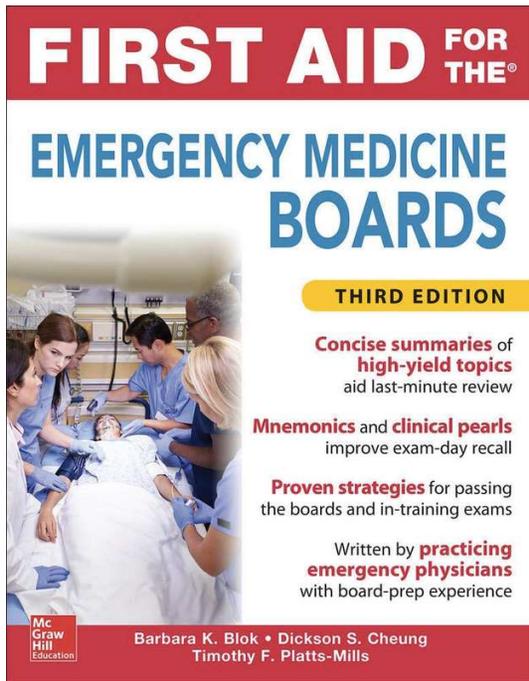
GROUP STUDYING

Especially for oral exams



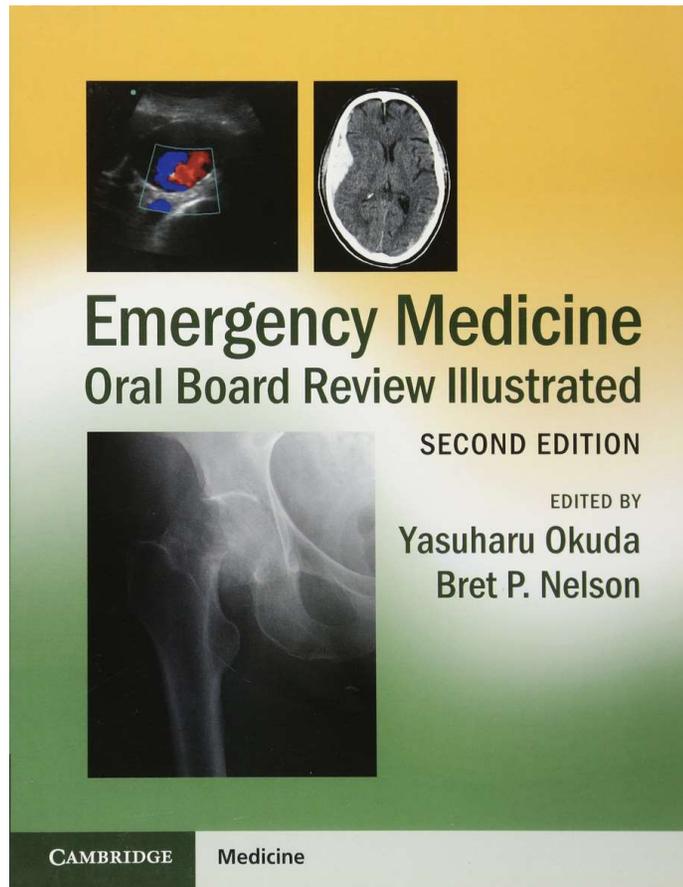
CLASSIC TEXTBOOKS

Tintanelli's & Rosens



ABBREVIATED TEXTBOOKS

1. First Aid for Emergency Medicine
2. The Ultimate Emergency Medicine Guide



ORAL EXAM TEXTBOOK

Or make up your own from real life cases!

Practice with friends/mentors/etc.

EM REVIEW

Emergency Medicine Review
Course Saint John
(emreview.ca)

Virtual
Structured 21 weekly sessions

\$2200-3300



PODCASTS / VIDEOS

HIPPO EM

Videos, show notes and broad categories

EM CASES, EM RAP, FIRST 10 EM

Presentations are communication tools.

SEME DFCM ONLINE MODULES

<https://www.semedfcm.com/interactive-online-learning-modules>





29

THE REALITY? MORE RESOURCES THAN TIME..

- Focus on priority topics and review the specific key features
- Be systematic about studying
- Keep a positive outlook
- Recognize there will always be more to learn



THE REALITY? MORE RESOURCES THAN TIME..

- START EARLY
- Aim to **overstudy** and you'll never regret it

SEME EXAM PREP 2025 - VIRTUAL

- | | | |
|-----|--|------------------------------------|
| #1) | Thurs, Apr 16 9:30am-1:30pm | Written Exam #1 & Oral Exam Prep |
| #2) | Fri, May 2 10am-2pm | Written Exam #2 & Oral Exam Prep |
| #3) | Thurs, May 29 6pm-10pm | Written Exam #3 & Oral Exam Prep |
| #4) | Wed June 18, 10am-2pm | Epi + QI Review & Oral Exam Prep |
| #5) | Wed July 9 9:30-12:30pm
Thurs July 17 6pm-9pm | Mock Orals (choose only 1 session) |
| #6) | Tues, August 12 10am-2pm | Written Exam #4 & Oral Exam Prep |

QUESTIONS?

Dr. Carly Ng

Assistant Program Director,
Toronto CCFP(EM) program
carly.ng@utoronto.ca

