

Breaking Open the Royal College 'Oyster': Pearls for Success on the Board Exam



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Troy Grennan, MD MSc FRCPC DTM&H
Physician Lead, Provincial HIV/STI Program
BC Centre for Disease Control
Clinical Assistant Professor, University of British Columbia
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Disclosures: Dr. Troy Grennan

- As of November 2014, I have no relationships with commercial interests to disclose.
- Postdoctoral fellowship (2011-2013):
 - CIHR Canadian HIV Trials Network (CTN)
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 - CIHR, CTN, Ontario HIV Treatment Network (OHTN).
- In the previous five years, I have received honoraria, travel stipends, speakers' fees from: AbbVie, Gilead, Merck, and ViiV.

Disclaimers

- I am not, nor have I ever been, on the examination committee for the Royal College of Physicians and Surgeons of Canada.
- I've written (and passed) 3 Royal College exams: Internal Medicine (2009), Medical Microbiology (2011), and Infectious Diseases (2011).
- Things change!
- The content of this presentation reflects my thoughts and opinions alone.
- This presentation will cover both the ID and the MM exams.
- This is not a presentation on content.

Outline

- Examination format
- Resources
- Study and Exam Tips
- Pearls



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Examination Format

Infectious Diseases Examination

- Two half-days on 27 September 2016 (short answer; 23-26 questions per paper)
 - Paper 1 - The Principles and Practice of Infectious Diseases: clinical and basic science aspects of infectious diseases.
 - Paper 2 - Patient Management Problems: diagnosis and treatment of infectious diseases.

Medical Microbiology examination

- Three parts
 - Written (40-50 short-answer); 3 and 4 May 2016
 - Clinical microbiology: diagnosis, management, and prevention of infections
 - Lab practice of MM: bacteriology, mycology, parasitology, virology, molecular technologies, and lab management; basic science and immunology.
 - Field trip to Ottawa; 16 and 17 May 2016
 - OSCE (1:15 in duration; 7-10 x 10 minute stations)
 - Practical (2 hours; timed stations)

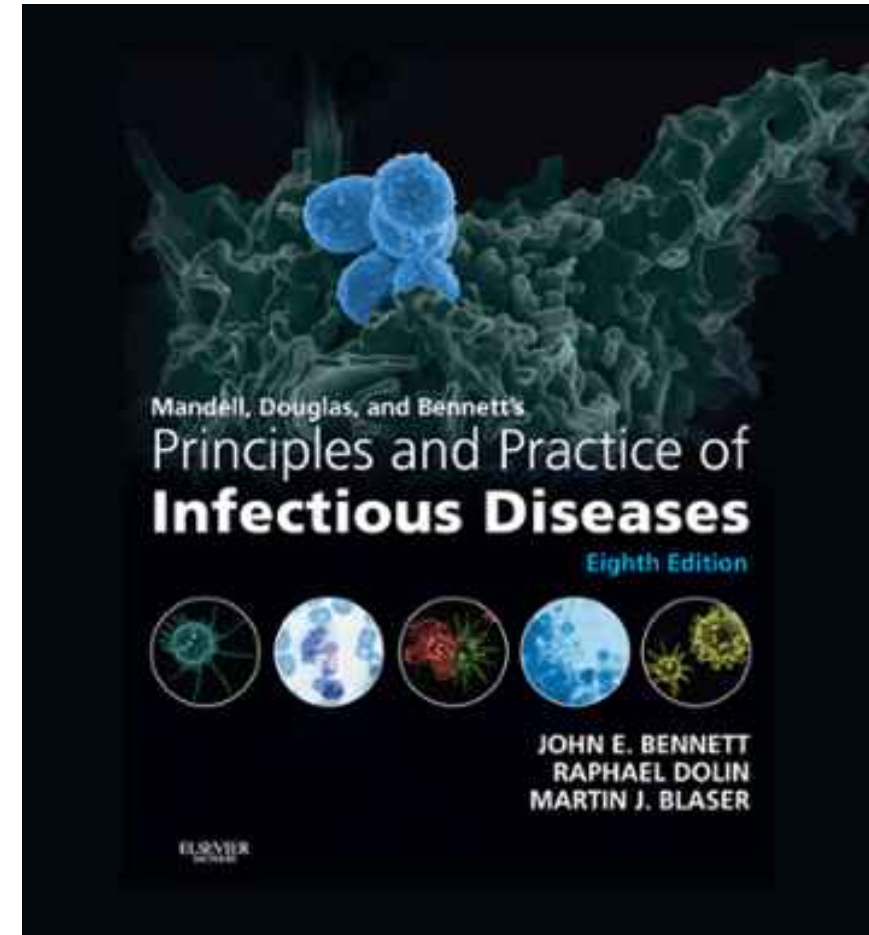


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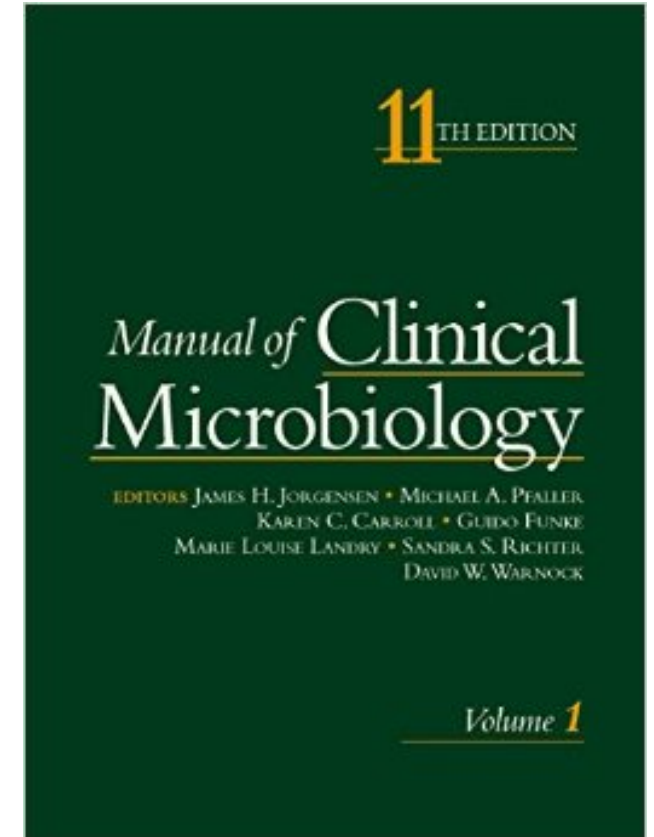
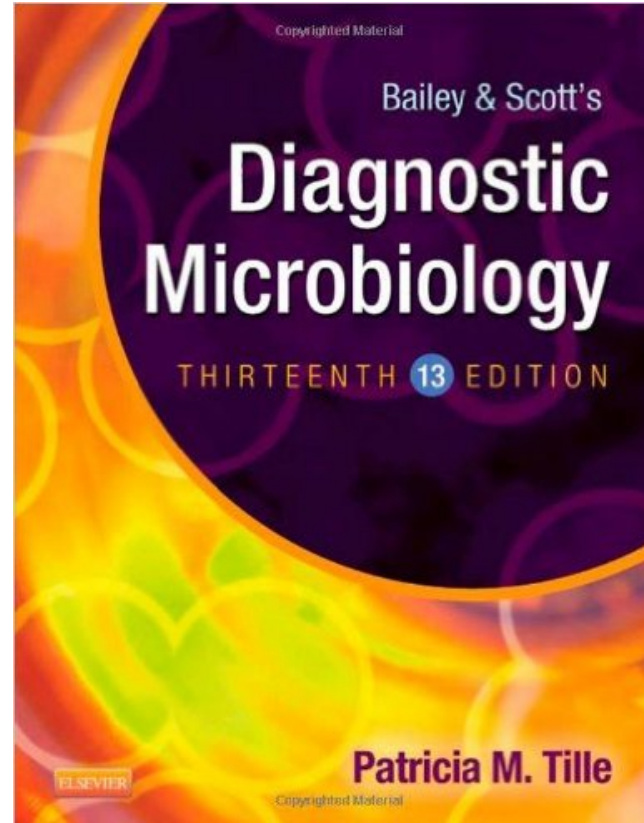
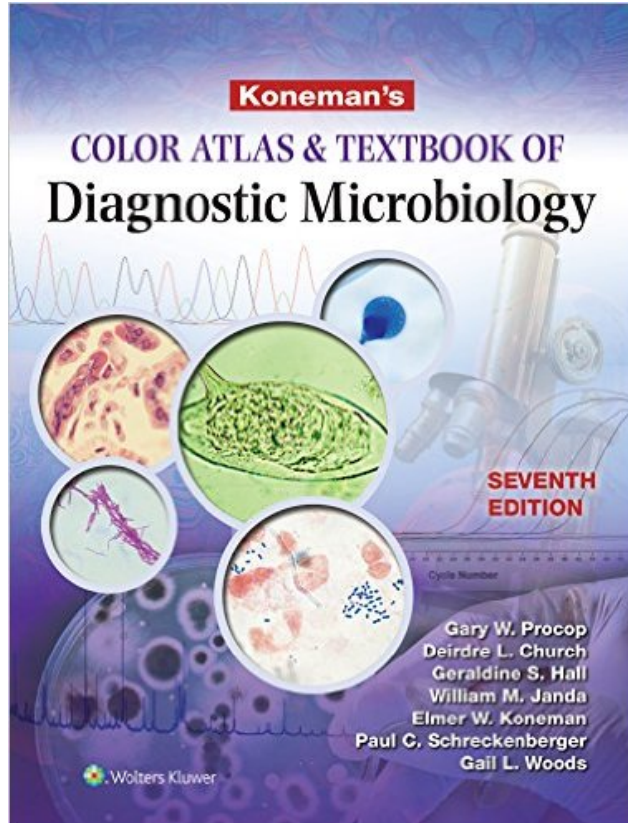
Resources

The ID “Bible”

- Comprehensive (and possibly overwhelming)
- Don't wait until you're actually studying to open it
- Key chapters:
 - Antimicrobial resistance
 - Host defenses
 - Outbreak investigation
 - Epidemiology



The MM “bibles”



Other resources

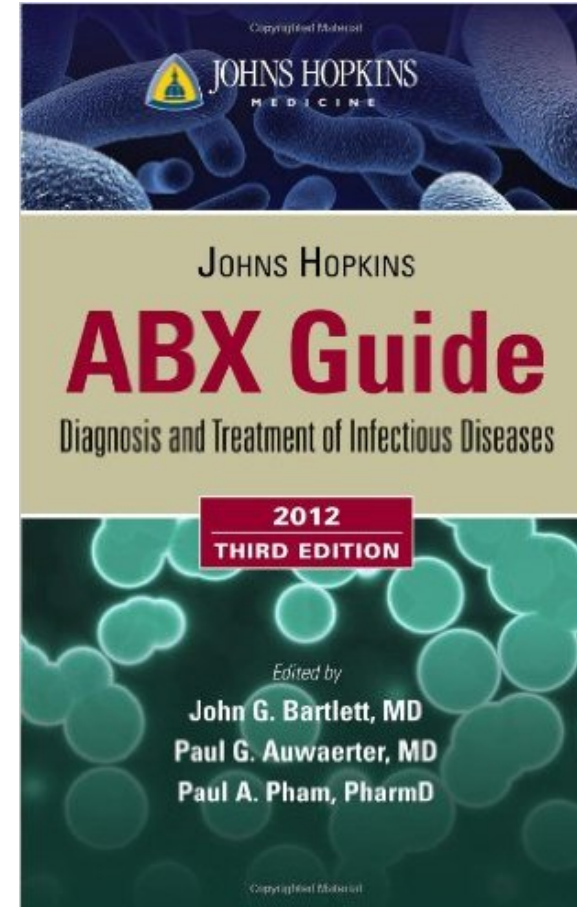
- UpToDate
- Review Courses
 - Washington
 - Chicago
 - Harvard
- Tropical Medicine training
 - Gorgas
 - Imperial College
 - LSHTM
- Lab resources (e.g. CLSI)
- Old exams (not that anyone uses these...)



Shhhh!

The Johns Hopkins Antibiotic Guide

- No longer available in print, but available online and as an app
- In my opinion, the single most valuable study resource for clinical ID
- Divided by
 - Pathogen
 - Drug
 - Syndrome/diagnosis





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Study and Exam Tips

Study Logistics

- Timing
 - 8-12 month prior to the exam is not an unreasonable time course
 - For dual ID/MM trainees
 - ID→MM:
 - Your study time won't cut into your 'staff' time
 - You'll be well-prepared for the clinical portion of the MM exam
 - MM→ID:
 - You'll be well-prepared for all aspects of the ID exam
 - You'll finish training, and STILL have an exam to study for!
- Group studying
 - Unnecessary, though practice is important.
 - Lots of memorization, especially for MM

MM: going through the motions

- Practice, practice, practice (especially if this is your first FRCPC exam!)
- Even if it's not your first, it's DIFFERENT
- Arguably, most failures are not due to an issue with knowledge deficit



Vader used to practice in front of the mirror for hours.



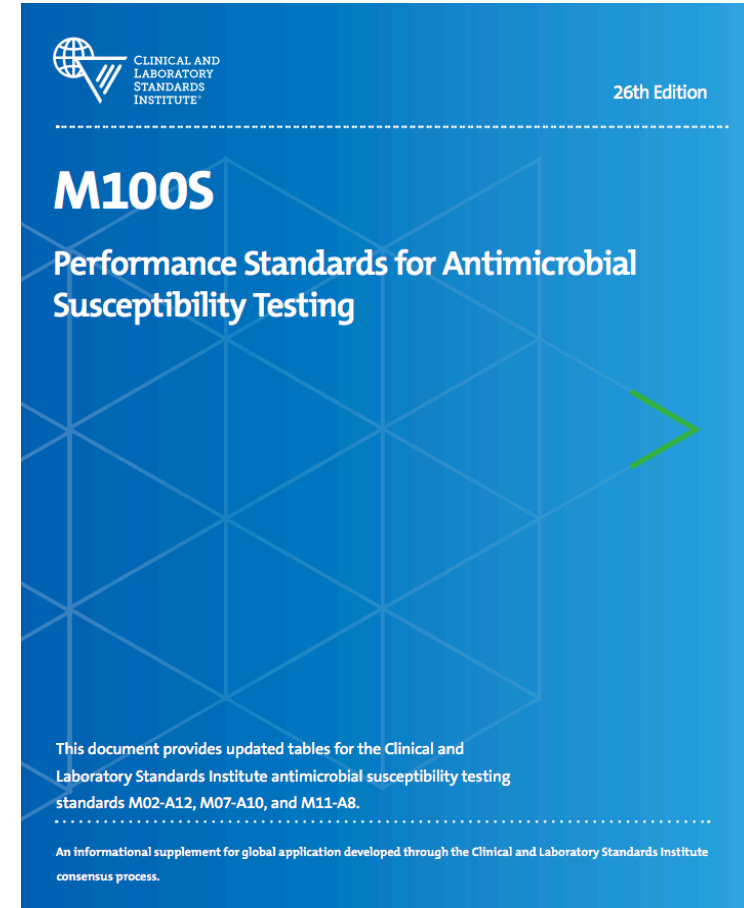
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Pearls (of varying quality)



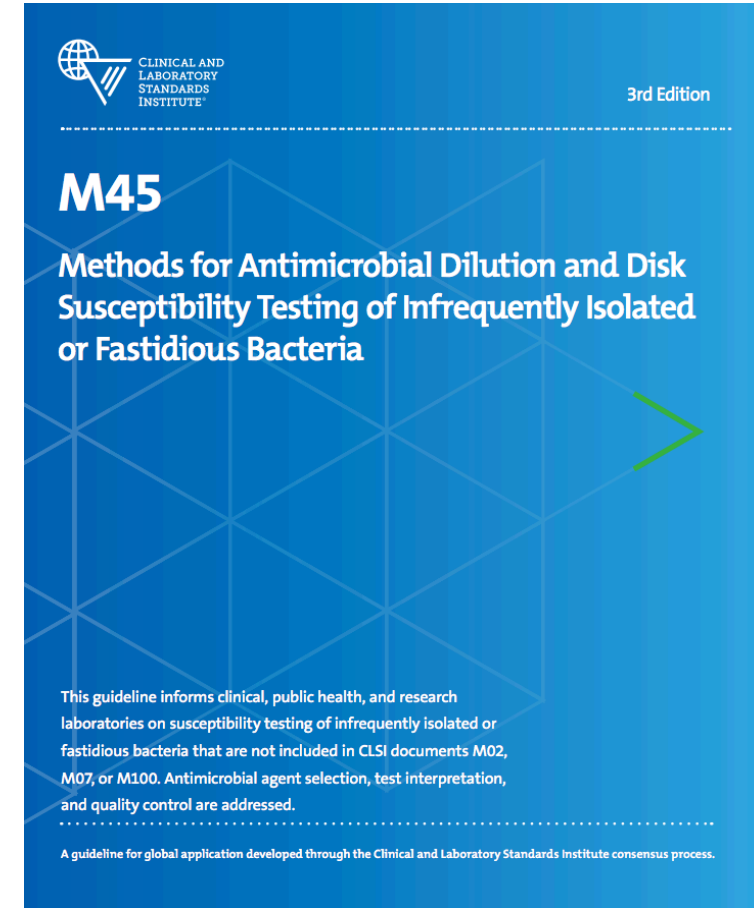
Pearl 1: The CLSI documents are important

- Group A:
 - Primary test and report
- Group B:
 - Optional primary test/report selectively
- Group C:
 - Supplemental/report selectively
- Group D:
 - Supplemental for urine only
- Susceptibility methods review and criteria (DD, other conditions)



Pearl 1: The CLSI documents are important

- Dilution and Disc Susceptibility for more unusual or fastidious bugs
- Again, reviews conditions (medium, inoculum, incubation, QC, agents for primary testing).



Pearl 1: The CLSI documents are important

- VERY high-yield, helps consolidate most pertinent info on most common organisms.
- Focus on
 - Colony characteristics
 - Gram stain
 - Biochemicals/other testing
 - Limitations
- “Where have you been all my life?”



Other CLSI documents to keep in mind

- M39-A4: Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data
- M29-A4: Protection of Laboratory Workers from Occupationally Acquired Infections

Pearl 2: Focus on 'exceptions'

- Royal College exams love exceptions to the rule
- Illustrative case:
 - 35M with fever, returning from trip abroad. Blood film shows *Plasmodium vivax*. In virtually every part of the world, the treatment is/could be:

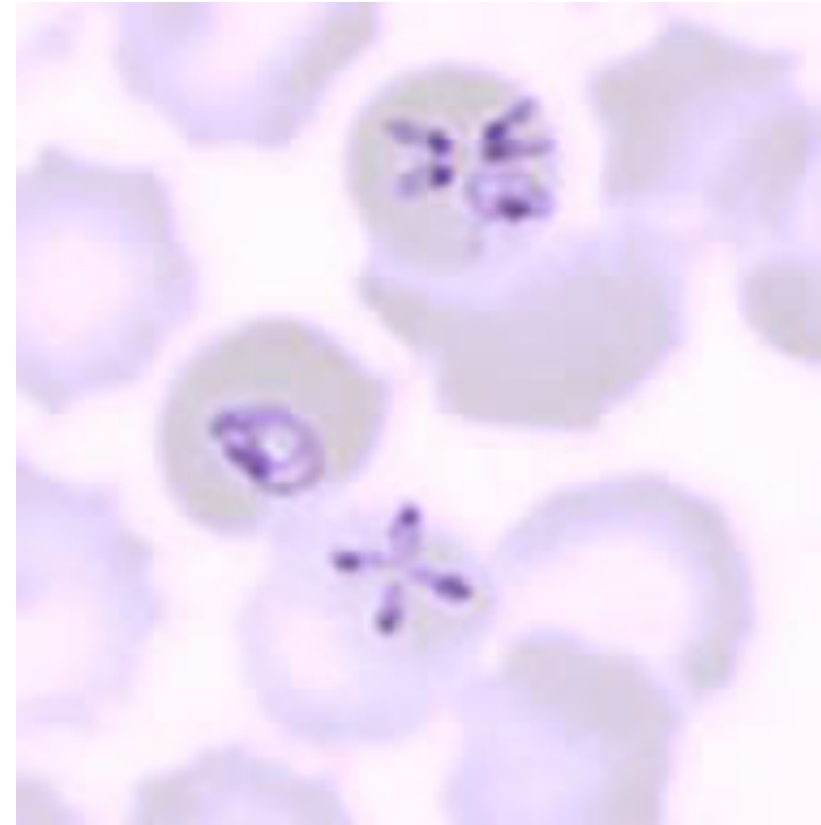
Chloroquine

- Except where?

Papua New Guinea

Pearl 3: Practice lists

- Make up lists of various things:
 - E.g.
 - List infections that can be diagnosed on blood film
 - List some cutaneous manifestations of syphilis
 - List antibiotics that cover *Stenotrophomonas*
- This can help solidify your knowledge once you're done studying.



Pearl 4: A few seconds of silence is key

- For the MM OSCE, take some time to organize your thoughts. This is the most important thing you can do.
- It will feel awkward and weird with someone right in front of you waiting.
- It's OK.



Pearl 5: What applied in one RC exam, doesn't necessarily apply again

- For the MM OSCE, it might go a completely different direction than what you expect or what you have previously experienced.
- Don't let this throw you off.



Pearl 6: Be OK with not knowing everything

Porcine circovirus?
Really?

Species	Glu	Mal	Lac	Suc	DNase	B Est
<i>N. gonorrhoeae</i>						
<i>N. meningitidis</i>						
<i>N. lactamica</i>						
<i>N. sicca</i>						
<i>N. flavescens</i>						
<i>M. catarrhalis</i>						

Pearl 7: Don't always trust your instinct

- Just kidding. Sort of.
- You will have studied a lot for this exam. Trust that you know what you're doing.
- But, you may feel TERRIBLE afterwards.
- This.
- Means.
- Nothing.



Thanks for your attention

Questions?

troy.grennan@bccdc.ca