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

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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
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.
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)
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
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
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?
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?

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