***BOARD PREPARATION REQUIREMENTS AND RESOURCES:***

***All residents are expected to pass their ABIM board exam at completion of training****.* Faculty will use assessments throughout training to determine individual resident preparedness and suggest individualized study plans. All residents take the ACP’s In-Training Exam (ITE) every year as an opportunity to simulate a board exam and track your test taking and acquisition of medical knowledge. This exam is not used for advancement decisions and cannot be released to fellowships or job applications. However, ITE scores often correlates with medical knowledge ratings on monthly assessments, participation and completion of assigned readings for conferences, scores on academic half day test questions and other assessments of medical knowledge which will be used as part of a resident’s overall rating and rating of medical knowledge.

The program has made numerous board preparation material available to meet a variety of learning styles and settings. The items marked with \*are required for all residents and the others are available resources which have been purchased to help you study. Residents identified to be at risk of not passing the ABIM exam based on their ITE score or other criteria are assigned additional requirements in the Supplemental Study Program (SSP) below.

* **\*MKSAP Curriculum for Non-Call Rotations:** The program has purchased a digital MKSAP subscription for all residents. When residents are on non-call rotations, they must complete the corresponding MKSAP section, including both text and questions, in addition to any curriculum assigned by their rotation preceptor.
	+ At least 100 questions (or all of the questions in the section if there are less than 100)
	+ Which section?
		1. The MKSAP that corresponds with the rotation (see table below for the non-call rotations and requirements).
		2. If there is no required section or the section has already been completed, the academic half day topic of the month should be completed instead.
		3. If both have already been completed previously and there is evidence in MKSAP tracker (or PDF), then there are no additional requirements. The resident is encouraged to study whatever topic is most important to them.
	+ By when? Monday of intern switch at 8am for both residents and interns. A report will be run through MKSAP on the Friday prior to the switch. On that day, any residents who haven’t yet completed will be notified and have the weekend to complete it prior to invoking any of the consequences listed below.
	+ How to get the most out of this? Residents are encouraged to review and provide answers to all missed objectives and to take notes in their “Board basics book” or another place for notes
* **\*Academic Half Day weekly board prep questions and end of the month tests:** Each week in AHD, the session starts and ends with board style questions based on the objectives and pre-reading. At the end of the month, there will be a test on the topics and articles of the month.
* **\*Mock ABIM exam:** All PGY2 and graduating residents are required to take this and to participate in the corresponding review session.
	+ - * + **End of the year board review series**: The program provides graduating residents who choose to attend the local 6 day board review program with coverage of their clinical responsibilities and pays the $1,045 tuition for residents meeting the above requirements.
				+ Numerous additional books have been purchased and are available in the B-UMCP library for review**.**

***SUPPLEMENTAL STUDY PROGRAM (SSP):*** All residents who score below the 35th percentile on their in-training exam have the following requirements in addition to those listed above. See the detailed descriptions below the table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***Meeting*** | ***AHD Objectives*** | ***Non-Call MKSAP 80% correct*** | ***Quarterly cumulative exam***  | ***Missed ITE objectives*** | ***Other*** |
| **PGY1** | ***APD advisor*** | ***X*** | ***X*** |  |  |  |
| ***PGY2*** | ***APD advisor + PD*** |  | ***X*** | ***X*** | ***X*** |  |
| ***PGY3*** | ***APD advisor + PD + learning specialist*** |  | ***X*** | ***X*** | ***X*** | ***All MKSAP completed and outlined prior to Awesome Board Review*** |

Descriptions:

1. ***Meeting:*** To review your current study plans and way that you are organizing your information. Resident should bring their current binder, books, computerized material, etc for detailed discussion about effective strategies and barriers
2. ***AHD Objectives***: Submit academic half day objectives to Jane Sanborn and your APD advisor by email prior to 9:00AM on the morning of AHD. The only exception to this rule is when the resident is on vacation or on Banner ICU. To get the most out of this assignment. You should take notes and re-organize the information in your own words/format and quiz yourself. See sample below:
3. ***Non-Call MKSAP at least 80% correct:*** When completing the monthly 100 MKSAP questions for non-call months as above, study the answer options prior to answering to help assure that you have analyzed why you believe that your answer is correct prior to answering. For those you still miss, read the explanations for why questions were missed and then clear the questions which were missed and re-take to get at least 80% correct. This will reinforce your learning.
4. ***Quarterly integrated exam assigned through MKSAP.*** The test must be taken within 10 days of being assigned. Within 20 days of being assigned, you must schedule a phone or in person meeting with your APD advisor to review your score, progress and what you learned from the exam.
5. ***ITE Objectives:*** Submit notes for what you learned in reviewing your missed ITE objectives by February 28th following the ITE to your APD advisor and Jane Sanborn. You will find the missed objectives in your ITE results

**Consequences of late or missed submission of an assignment:**

* First offense:Warning
* Second offense: Written action plan and explanation of why it was late submitted to APD advisor
* Third offense: Formal Letter of Concern from the Clinical Competency Committee
* Fourth offense: Meet with the Resident Advisory Committee for consideration of formal probation (see GMEC disciplinary action policy in GME housestaff manual).

**Supplemental Details:**

**Non-Call Month MKSAP requirements:**

|  |  |
| --- | --- |
| **Rotation:** | **MKSAP Section** |
| Ambulatory  | Johns Hopkins Modules as assigned |
| Anesthesia | Pulmonary and Critical Care Medicine |
| Allergy |  AHD topic of the month |
| Cards-BU | Cardiovascular Medicine |
| Cards-OP | Cardiovascular Medicine |
| Cards-OP (VA) | Cardiovascular Medicine |
| Cards-OP (VA) | Cardiovascular Medicine |
| Consult-VA | Cardiovascular Medicine |
| Derm | Dermatology |
| Derm-VA | Dermatology |
| Endo-VA | Endocrinology and Metabolism |
| ED | General Internal Medicine |
| Endo-BU | Endocrinology and Metabolism |
| GI-BU | Gastroenterology and Hepatology |
| GI-VA | Gastroenterology and Hepatology |
| Geri-BU | General Internal Medicine |
| Geri-Boswell | General Internal Medicine |
| Hem.Onc-VA | Hematology and Oncology |
| Hem. Onc-Anderson | Hematology and Oncology |
| Hepatology | Gastroenterology and Hepatology |
| Hepatology-BU | Gastroenterology and Hepatology |
| Hospitalist |  None |
| Interventional Rad |  AHD topic of the month |
| ID-BU | Infectious Disease |
| ID-VA | Infectious Disease |
| Nephro-Dhal | Nephrology |
| Nephro-SKI | Nephrology |
| Nephro-VA | Nephrology |
| Neurology | Neurology |
| OMFS |  AHD topic of the month |
| Optho |  AHD topic of the month |
| Palliative-VA |  AHD topic of the month |
| Palliative-BU |  AHD topic of the month |
| PM&R-VA |  AHD topic of the month |
| Pulm-IP | Pulmonary and Critical Care Medicine |
| Pulm-OP VA | Pulmonary and Critical Care Medicine |
| Pulm-OP BU | Pulmonary and Critical Care Medicine |
| Pulm-Saggar | Pulmonary and Critical Care Medicine |
| Radiology-BU |  AHD topic of the month |
| Rad.Onc-BU |  AHD topic of the month |
| Research |  AHD topic of the month |
| Rheum-Private | AHD topic of the month |
| Rheum-VA | AHD topic of the month |
| Sports Med | AHD topic of the month |
| Tox | AHD topic of the month |
| UC-Cigna | AHD topic of the month |
| Wesley Clinic | AHD topic of the month |
| Women's Health | AHD topic of the month |

**AHD topics of the month**

July-Hospital Medicine/General IM

August- Infectious Disease

September- Hematology (MKSAP -Hematology/Oncology)

October- Pulmonary

November- GI/hepatology

December: Neurology;

January: Nephrology

February: Oncology (MKSAP -Hematology/Oncology)

March: Rheumatology

April: Endocrinology

May: Cardiology

June: Practice Board Exam

**AHD objectives sample:** Here is a sample from a resident who used this requirement to lead to significant improvement in ITE results the following year.

**Lymphoma**

 Initial workup for lymphoma:

 Detailed history including travel history, insect bites comma sexual history, injection drug use, blood product transfusions, new medications comma fever night sweats or weight loss.

Physical examination determining the site of lymphadenopathy the size and consistency.

 For their assessment of the lymph node when suspecting a lymphoma with chest radiograph complete blood count with differential and a serum chemistry panel.

 Type of biopsy in lymphoma: Excisional biopsy is done to preserve the lymph node architecture. Cord needle biopsy can be used for deep lymph nodes but fine needle aspiration should be avoided.

Test performed on the lymph node in addition to histopathology are: Cytogenetic analysis, FISH,

Immunophenotypic analysis and Gene expression profiling

Blood work when suspecting lymphoma: CBC + diff, ESR, CMP, urate, LDH, B2microglobulin, immunoglobulins.

 Screening for viral infections hepatitis B and C, HIV, HHV 8, HTLV1,H pylori, EBV

After the lymphoma is diagnosis PET/ CT scan and an iliac crest bone marrow biopsy is done to complete staging.

**ITE missed objectives Sample:**

**-From you individual score report:**

|  |  |
| --- | --- |
| Diagnose cardiac tamponade. | Cardiac tamponade should be suspected when there is a compatible history, hypotension, and an elevated jugular venous pressure and pulsus paradoxus. An enlarged cardiac silhouette may be seen on chest radiograph (“water-bottle heart”). The ECG typically demonstrates sinus tachycardia and electrical alternans.Signs of cardiac tamponade include diastolic collapse of the right atrium and right ventricle, ventricular septal shifting with respiration, and enlargement of the inferior vena cava. With Doppler echocardiography, respiratory variation in mitral inflow can be detected early in the evolution of tamponade. Moreover, the changes in mitral inflow are highly sensitive, and may precede changes in cardiac output, blood pressure, and other echocardiographic evidence of tamponade. |
| Diagnose constrictive pericarditis. | The pericardium in constrictive pericarditis is rigid and noncompliant, resulting in a total cardiac volume that is largely fixed.The jugular venous pressure is elevated in nearly all patients, with prominent x and y descents. Physical findings that also may be present include a Kussmaul sign (jugular vein engorgement with inspiration), pericardial knock, pulsus paradoxus, pleural effusion, congestive hepatomegaly, and peripheral edema or ascites. In patients with long-standing constrictive pericarditis, hepatic failure and cirrhosis may be present.The diagnosis of constrictive pericarditis can be made with a detailed hemodynamic evaluation using either Doppler echocardiography or cardiac catheterization. The basis for the diagnostic hemodynamic findings in constrictive pericarditis is the concept of enhanced ventricular interdependence, which classically results in equalization of diastolic pressures in all heart chambers. |

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**Then look up the topics in MKSAP 17 or other source to study the content**