Test Taking Strategies for BPS Exams

Recognizing the Red Flags

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Introduction

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Agenda

- A General Overview
- Recognizing the Red Flags
- A Special Coupon Code
- Live Q&A

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A General Overview

Types of Multiple-Choice Questions

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Types of Questions

Question Type	Main Characteristics	Strategy
Background	Basic or reflects "explicit knowledge"	Mainly memorization of facts.
Foreground	More complex/complicated Reflects "tacit knowledge"	Utilize explicit knowledge along with greater depth where understanding occurs.
Negative	Not ideal questions (can be confusing) Uses words = Not, Except, and Never	Consider turning question into a T/F where the false answer is correct.
Conjunction	Connects 2 components that both must align/match up	Treat each part as its own question. If one part is wrong, all of it is wrong.
Two-Step	Requires you to apply several cognitive steps (usually tacit knowledge) to get the right answer.	Make sure you treat each step as a stand-alone question and again BOTH have to be right for the answer to be correct.
Bait & Switch	Where you get led in one direction, but they are really asking you something else at the end.	Make sure you read the last sentence and question very clearly.
Case-Based	Typically, the longest and most complex. Goal is to assess your ability to problem solve, decision making, and critical thinking → i.e., "Clinical judgement".	Read the ENTIRE case to maintain context for the question. Do not skip to the question and then try to find the info.

Multiple-Choice BPS Questions

Types of Knowledge Tested

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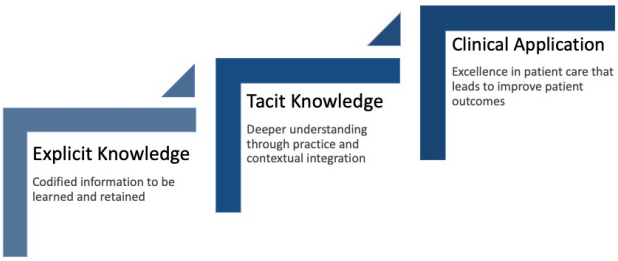
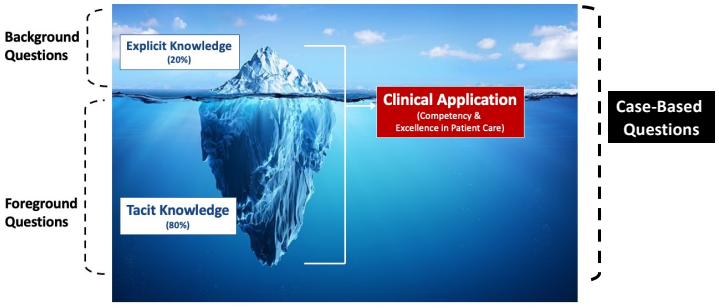
Knowledge Being Tested

Knowledge Transfer



Knowledge Being Tested



Test-Taking Strategies

Recognizing the Red Flags

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Recognizing Red Flags

- Red Flags
  - High risk medications with very well-known clinical issues or concerns (if present)
  - Usually represents many "classic" teaching points
  - Greater chance for being a question on exams
  - Examples

Classic Red Flags

Red Flag Medication	Classic Concept to be Tested
Amiodarone	• PK: Long-half; prolonged time to steady state • Drug Interactions: Digoxin, Warfarin • Side Effects: _____ , Hepatotoxicity, QT-Prolongation, Ocular toxicities, Skin changes
_____	• Allergies: Sulfonamides • Genetics: G6PD and Risk for Hemolysis • Unique Indications: PJP, Stenotrophomonas maltophilia, • Special Population Issues: 1st vs 3rd Trimester Pregnancy
Carbamazepine	• Drug Interactions: Enzyme induction • Genetics: _____ • Side Effects: Hyponatremia, rash
Cyclosporin	• Drug Interactions: major substrate of CYP3A4 • Side Effects: Nephrotoxicity, lipids, HTN
_____	• Evidence: Lack mortality benefit • Drug Interactions: _____ substrate (amiodarone, diltiazem, verapamil, protease inhibitors) • Clinical Issues: Low TI, toxicity profile

Classic Red Flags

Red Flag Medication	Classic Concept to be Tested
_____	• Drug Interactions: Diuretics, ACE/ARBs • Side Effects: CNS toxicity
Rifampin	• Drug Interactions: enzyme inducer
St. Johns Wort	• Drug Interactions: Enzyme induction ; sympathetic neurotransmitters
Tramadol	• Drug Interactions: Antidepressants, _____ • Clinical Situations: Seizures, Overdose, Serotonin Syndrome
Venlafaxine	• Side Effects: Dose-dependent increases in BP
Warfarin	• Drug Interactions: Amiodarone, Fluconazole, _____, TMP/SMX (especially _____)

Recognizing Red Flags

- Red Flags
  - Also similar to "killer foils" clinical scenarios
    - Can be clinically similar situations or disease states that create confusion
    - They can be tricky to answer and are common enough to confuse people.
    - Can also be rare but unique scenarios that require a pattern of recognition to get correct
    - Why knowing disease states is relevant
    - Examples

Example Killer Foils

Disease State 1	Disease State 2	Pearls
Strep Pharyngitis (GABS)	**Mononucleosis** (EBV)	• **Shared:** Fever, sore throat, lymphadenopathy • **The Foil:** location of lymphadenopathy & LUQ pain with mono. • **Relevance:** Antibiotic vs. Nothing
CVA (Central Ischemia)	_____ (Peripheral Nerve)	• **Shared:** Facial asymmetry with slurred speech • **The Foil:** Raising of eyebrows • **Relevance:** tPA +/- endovascular therapy vs. steroids +/- antivirals
_____ (Involving Cerebellum)	**Vertigo / BPPV** (Peripheral)	• **Shared:** Dizziness, N/V, nystagmus, imbalance • **The Foil:** type of nystagmus, truncal ataxia • **Relevance:** tPA +/- endovascular therapy vs. antihistamines or benzo
	_____ (Lithium Toxicity)	• **Shared:** Balance problems, AMS, dysarthria • **The Foil:** recognizing PMH or MUE
	Dilantin Toxicity (Shift from 1st Order to 0 Order Elimination)	• **Shared:** Balance problems, dizziness, AMS • **The Foil:** Missing improper PK and dosing

Example - Killer Foil

- Example of a Killer Foil as a "Bait & Switch Type of Multiple-Choice Question"
  - A 27-year-old female with no PMH comes in with intermittent fever and worsening sore throat for the past 3 days. On exam she has swollen tonsils with some small exudates, lymphadenopathy to the back of the neck and mild left upper quadrant abdominal pain. She denies any drug allergies and was started on amoxicillin based on her exam findings alone. Two days later she calls the clinic nurse and reports a rash all over her body. She denies any shortness of breath, lip or tongue swelling, nausea or vomiting. What type of situation should not be treated with amoxicillin as it can cause this presentation?
    - Group A streptococcal pharyngitis
    - Glomerulonephritis
    - Drug-Reaction with eosinophilia and systemic symptoms (DRESS)
    - **Mononucleosis**

Example Killer Foils

Disease State 1	Disease State 2	Pearls
Hepatic Encephalopathy (Due to Cirrhosis)	**Encephalopathy** (Due to Valproic Acid)	• **Shared:** AMS with elevation in ammonia • **The Foil:** The underlying etiology • **Relevance:** Liver rabbit trail vs. MUE
Malignant Hyperthermia (Excess Ca from RyR with anesthesia)	**Serotonin Syndrome** (Excess Serotonergic)	• **Shared:** AMS, tachycardia, fever, elevated BP, sweating, muscle rigidity • **The Foil:** Missing the etiology and presence of hyper-reflexia and myoclonus • **Relevance:** Wrong treatment (dantrolene vs cyproheptadine vs. diphenhydramine or benztropine
	_____ (Antipsychotic Exposure)	• **Shared:** same as serotonin syndrome • **The Foil:** Missing etiology • **Relevance:** Wrong treatment (dantrolene vs cyproheptadine vs. diphenhydramine or _____
Diabetes Insipidus (Central; Reduced CNS ADH Release)	**Drug-Induced DI** (Lithium Inhibits ADH in Kidney)	• **Shared:** Excessive urination, thirst, & oral intake • **The Foil:** Low vs normal ADH • **Relevance:** Imaging +/- surgery vs. adjust Li

Example Killer Foils

Disease State 1	Disease State 2	Pearls
Cellulitis (Simple Case; No Etiology)	**Dog or Cat Bite** (Pasteurella multocida)	• **Shared:** Skin redness, fever • **The Foil:** The underlying etiology • **Relevance:** Cephalexin vs. Augmentin vs. Doxycycline
	Human Bite (_____)	
	Ocean Water (_____)	
Seizures (Complex vs Partial)	**TCA Overdose** (Na Channel Blockade)	• **Shared:** Seizure activity • **The Foil:** The underlying etiology, missing ECG findings, MUE and use of phenytoin vs fosphenytoin • **Relevance:** Worsening seizure →killing patient
	_____ (Decreased GABA)	• **Shared:** Seizure activity • **The Foil:** The underlying etiology, MUE and treating with anticonvulsant vs _____ • **Relevance:** Wrong treatment
	Eclampsia (Excessive Neurotransmitter Release)	• **Shared:** Seizure activity • **The Foil:** Knowing eclampsia can go beyond delivery • **Relevance:** anticonvulsant vs. high dose Mg

Example Killer Foils

Disease State 1	Disease State 2	Pearls
DKA (Diabetes mellitus, hyperglycemia + AG metabolic acidosis)	**HHS** (Diabetics without DKA + really High Glucoses)	• **Shared:** Elevated glucose • **The Foil:** Missing no AG metabolic acidosis and no ketones in urine. • **Relevance:** Missed diagnosis & dose titrations
	Alcoholic Ketoacidosis (AKA) (Alcohol as nutrition; normal to low glucose with ketones in UA)	• **Shared:** metabolic acidosis • **The Foil:** The glucose level & etiology of heavy drinking • **Relevance:** Wasted work ups, potential wrong treatments
	_____ (Diabetics with DKA but normal glucose)	• **Shared:** Seizure activity • **The Foil:** The glucose, etiology, MUE • **Relevance:** Wrong treatment

Coupon

- Limited time coupon
  - Coupon = _____
    - *10% OFF ENTIRE ORDER*
  - Expires = **Sept 30, 2022**

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Live Q&A

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Why Should I Consider High-Yield Med Reviews? …

What makes you different?

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High Yield Study Tools

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- HD lectures for quality
- Works on all devices
- Monitors your progress

Q-Bank
- 2,000+ practice questions
- Select topic categories
- Teaching points provided
- Performance statistics
- Ability to flag questions
- Peer comparison metrics

Case Reviews CE
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- Builds on knowledge
- Facilitates application
- Taught by expert faculty

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- EBM
- Biostatistics
- Literature Evaluation and Application

Rapid Review
- Review core concepts quickly.
- Final step in comprehensive review

Other Study Tools
- Landmark Clinical Trials Reviews
- Live Study Groups with Open Q&A

How does all of that fit together?

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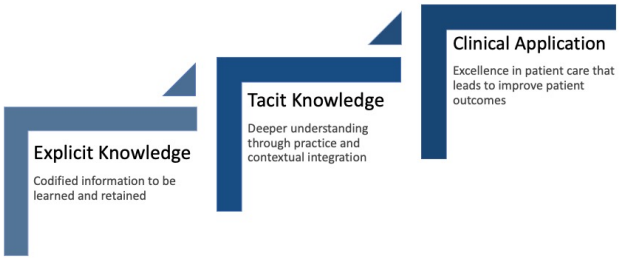
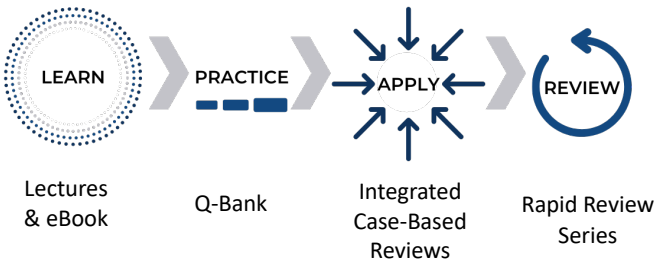
Knowledge Transfer

The High-Yield Approach

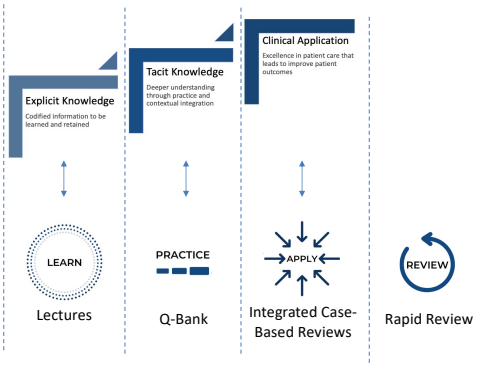
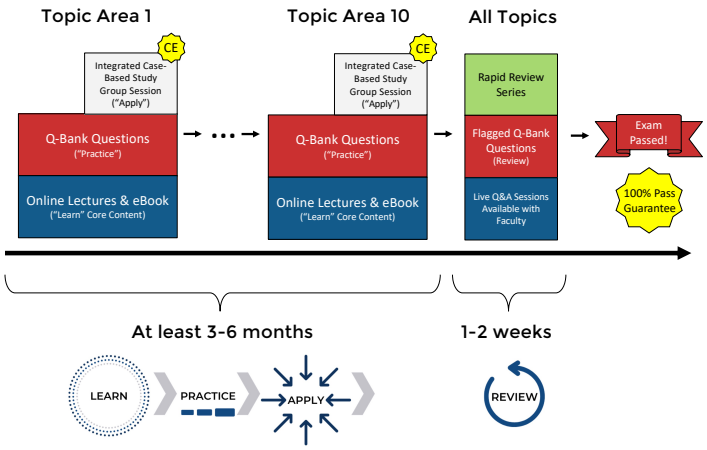


Knowledge Transfer

The High-Yield Approach



The High-Yield Approach



The High-Yield Approach