Test Taking Strategies for BPS Exams

Solving the Case

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Introduction

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Agenda

- A General Overview
- Type of Knowledge Tested
- Case-Based Question Review
- Example Cases
- 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 explicit knowledge; facts	Mainly memorization.
Foreground	More complex/complicated; tacit	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.

Case-Based Questions

Types of Knowledge Tested

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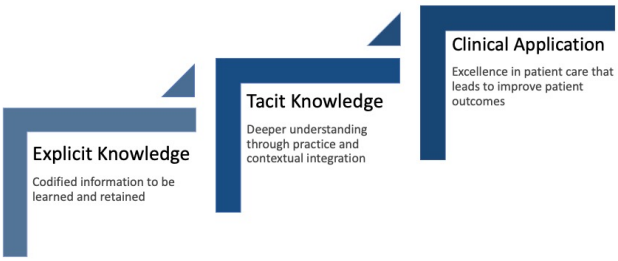
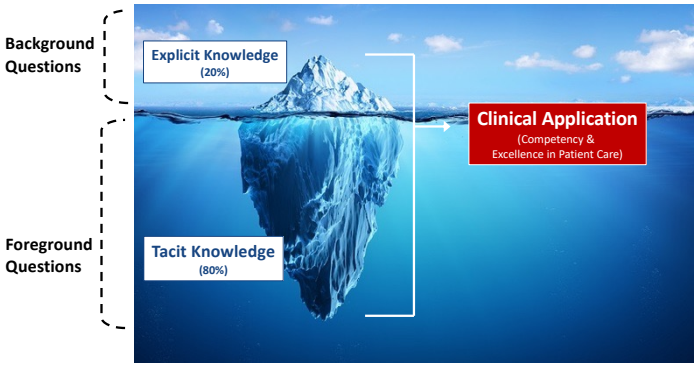
Knowledge Being Tested

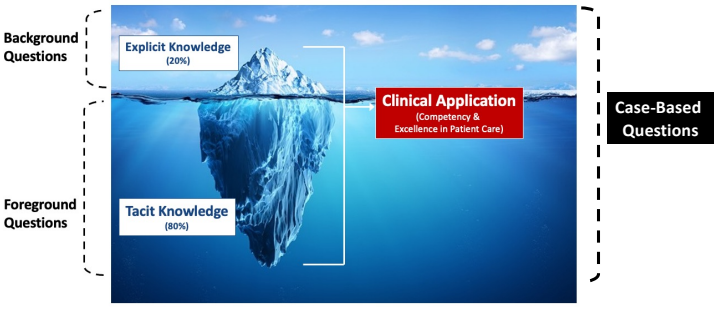
Knowledge Transfer



Knowledge Being Tested



Case-Based Questions



Case-Based Questions

- General Information
  - Typically, longer questions and thus take more time
  - Harder to read (more complex & complicated)
  - Most commonly include:
    - Past medical history
    - Exam findings
    - Lab results
    - Results of other tests done

Case-Based Questions

- What is being assessed?
  - The candidate's ability to:
    - Analyze data
    - Interpret information
    - Apply to scenarios that attempt to mimic the real-world
- Why this type of assessment
  - Gain insight into the candidate's cognitive skills
    - Problem solving
    - Decision making
    - Critical thinking
  - Assess the candidate's = "clinical judgement"

Case-Based Questions

4 Aspects of Clinical Judgement	
Aspect	**Description**
Noticing	What is expected in a clinical situation and what additional info needs to be collected
Interpreting	What the data means or telling you about the patient scenario
Responding	What possible interventions should be given priority
Reflecting	What decisions were made and could have been done differently next time

Case-Based Questions

- The Ultimate Goal
  - To ascertain if the candidate will provide safe and effective care that reflects the standard of practice/care and aligns with the best available evidence.

Case-Based Questions

- Test Taking Strategies
  - The last sentence is usually the main question, *BUT* this is not where you want to start, and then try to skim the case to try to find the answer.
  - Unfortunately, in these, you must consider the case as a whole.
    - Why? Because this is where typically additional elements are provided to the case in succession and that build on each other.
    - Many people are tempted to skip to the question because they perceive it will save them time; however, that can backfire.

Case-Based Questions

- Test Taking Strategies
  - One of the best strategies is to start the answer before getting to the question or looking at the answer options.
  - Look for a ”pattern of association”.
    - Remember they are giving you everything you need to pick the correct answer
  - Then, look for the answer option closest to it what you were thinking.

Case-Based Questions

Example Question – Ambulatory Care

Example Case – Ambulatory Care

- A 62-year-old male patient with a known PMH of CAD s/p MI, HFrEF (EF of 20%), HTN, and osteoarthritis comes in for a follow up visit for his heart failure. He still has intermittent dyspnea on exertion and PND. His current medications include aspirin 81 mg daily, lisinopril 40 mg daily, atorvastatin 20 mg daily, metoprolol succinate 200 mg daily, furosemide 40 mg twice daily, KCL 10 mEq twice daily, and acetaminophen 1000 mg four times a day. His most recent vital signs today in clinic include a temp = 98.4, P = 62 bpm, BP = 132/78 mmHg, RR = 12, and O2 sat = 98% on room air. Chest radiograph shows cardiomegaly without overt pulmonary vascular congestion or pulmonary edema. Fasting labs drawn yesterday for today's clinic visit include: Na = 141, K = 4.0, BUN = 22, Cr = 1.2, Glucose = 118 mg/dL, WBC = 8.1, Hgb = 12.6, HCT 37, Platelets = 152,000, LDL-c = 88 mg/dL. His last admission for heart failure exacerbation secondary to fluid overload was 3 weeks ago. Since then, he has been slowly gaining back weight higher from his dry weight. Which of the following treatment recommendations would be the best for this patient to reduce mortality?
  - Initiate digoxin
  - Increase the dose of lisinopril
  - Increase the dose of metoprolol succinate
  - Initiate spironolactone

Example Case – Inpatient

- A 43-year-old female patient with a known PMH of paraplegia after an MVC 5 years ago and who suffers from stage III decubitus ulcers and recurrent UTIs known to grow ESBL-producing E. coli comes into the ER with concerns she has another UTI. The urine from her foley cath appears cloudy. Her last admission and antibiotic exposure was 1 month ago. Her symptoms of chills, malaise, weakness, and nausea with vomiting started 2 days ago. Her temp at home prior to coming in was 102.3. She has been septic before, and so she came in. Her triage vital signs include a temp = 102.7, pulse = 115, BP = 105/50 (68), RR = 18. Her initial labs reveal a WBC = 22.4, Cr = 1.3, lactic acid = 3.4, and UA is pending. Blood cultures have been obtained, and she was started on IV fluids. Which of the following treatments would be the most important to initiate next?
  - Ceftriaxone
  - Cefepime
  - Meropenem
  - Moxifloxacin

Example – Other

- You are being consulted on a 27-year-old male patient with a past medical history of HTN and obesity is currently in a voluntary psych facility and being initiated on treatment for his new diagnosis of schizophrenia. He was adopted and did not know his family history. He currently lives with a roommate in an apartment and has a good support system. He has never been admitted before and denies any SI, HI, or hallucinations. He denies any known drug allergies. His current vital signs include a pulse of 78 bpm, BP = 148/85, RR = 12, weight = 225 lbs, height = 5' 6". His most recent fasting labs include: Na = 138, Cr = 1.0, glucose = 118 mg/dL, WBC = 10.1, Hgb = 13.5, platelets – 135,000, TSH = 2.2 mU/L. Which of the following would be the best initial treatment for his schizophrenia?
  - Aripiprazole
  - Clozapine
  - Olanzapine
  - Risperdal Consta

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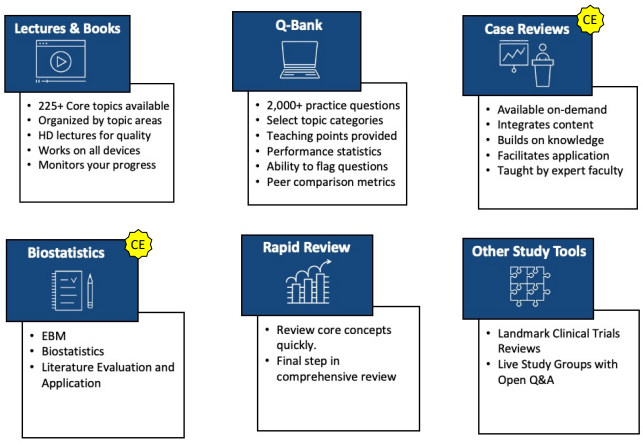
High Yield Study Tools



How does all of that fit together?

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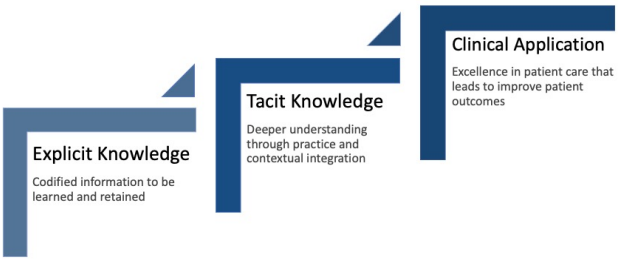
Knowledge Transfer

The High-Yield Approach



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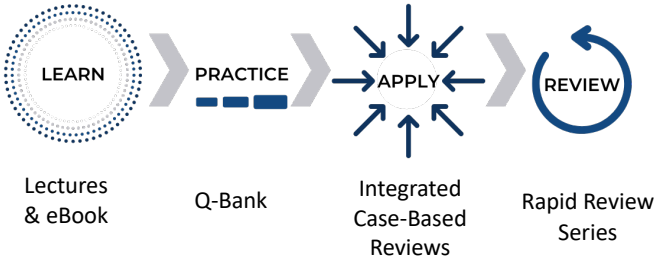

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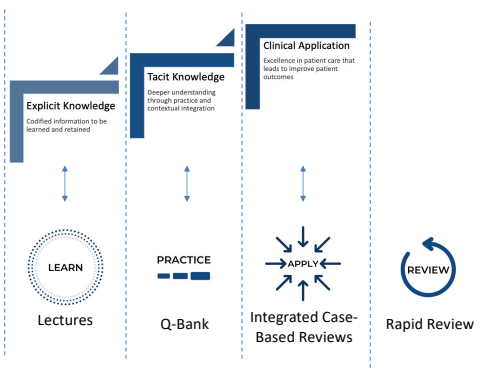
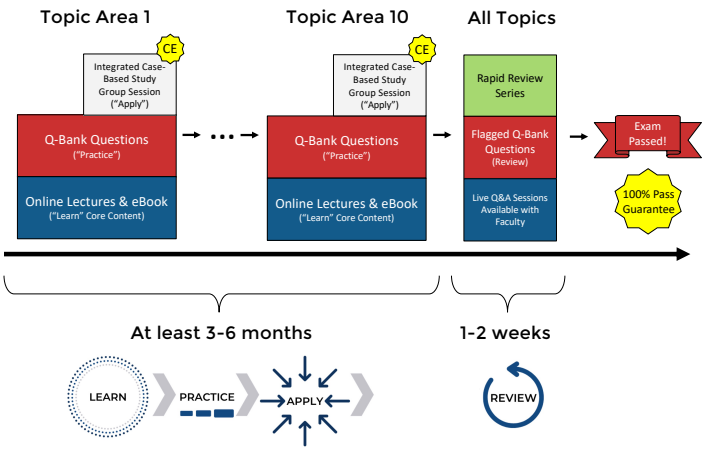
The High-Yield Approach