

BOARD REVIEW: MAKING LEARNING FUN

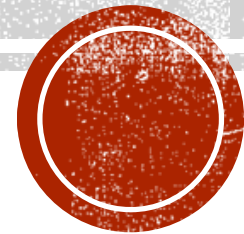
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DISCLOSURES

- None



OBJECTIVES

- Engage resident involvement in board review
- Promote resident self-awareness of gaps in medical knowledge base
- Integrate board review into daily activities



BOARD REVIEW

- **Traditional Approach**
 - Review Multiple choice questions
 - Question banks: MSKAP, Med Study
 - Answer questions as individuals or as a group discussion
 - Response: verbally or by technology
 - Lectures given to residents
 - Questions built in to the presentation



BOARD REVIEW

Residents



Face of boredom

Faculty



Struggling





If you do what
you've always done
you'll get what
you've always
gotten

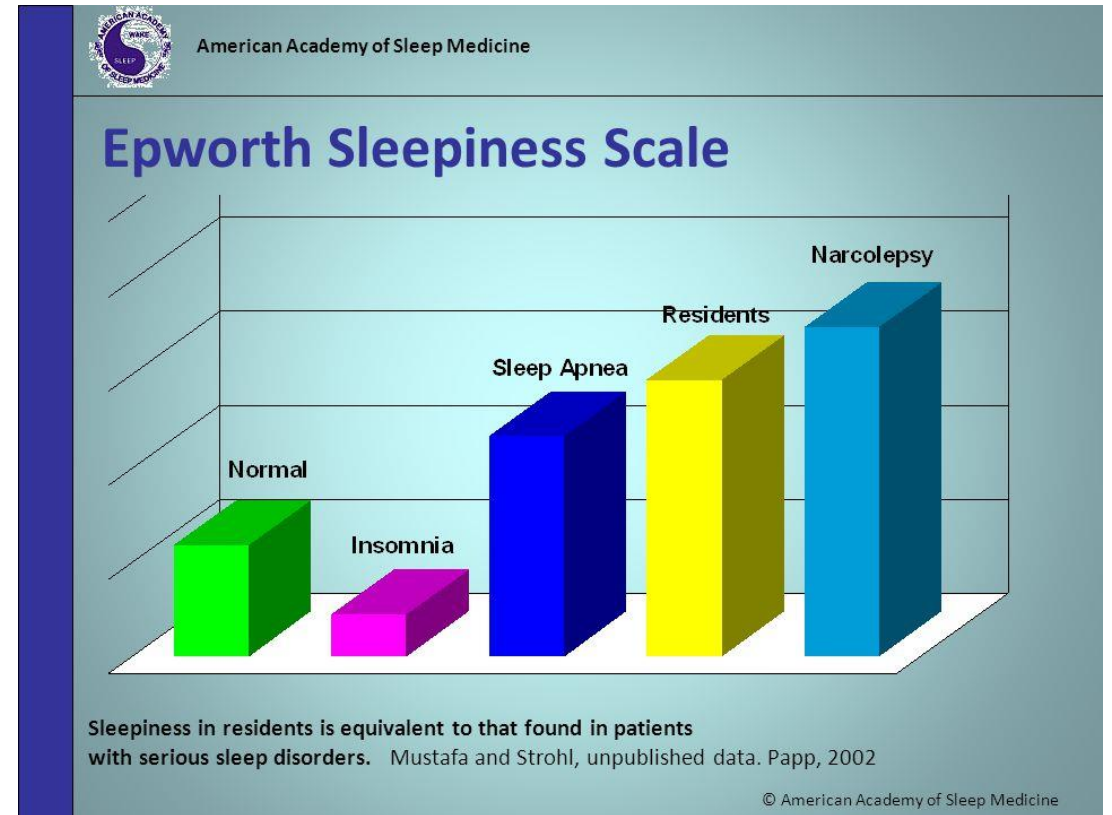
-Tony Robbins

DevelopGoodHabits.com



WHAT IS THE ISSUE?

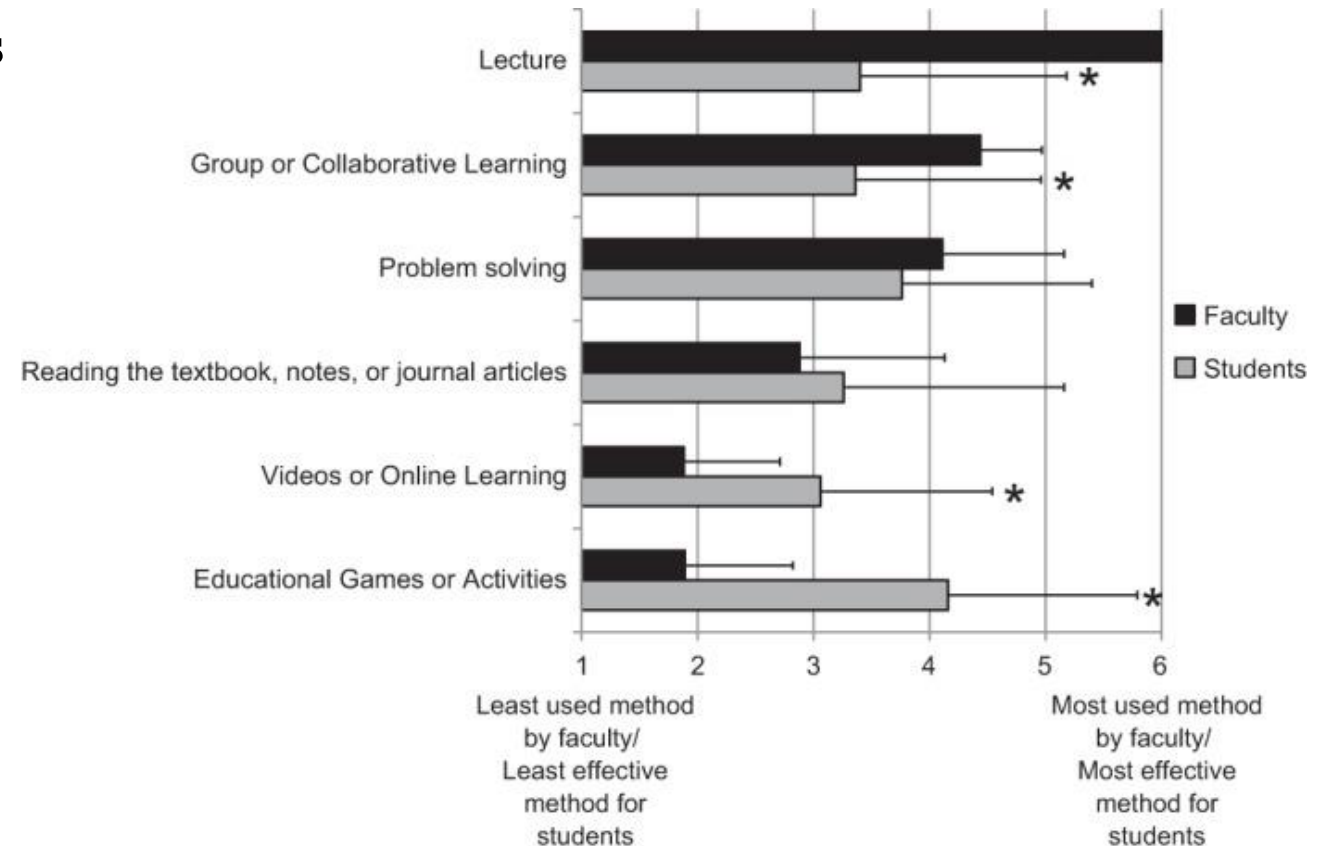
- Tradition lectures and multiple choice exam entail:
 - Passive learning and recognition
 - Residents may recognize information when hearing it, but may not realize they do not know the information.
 - Residents do not feel engaged with a passive approach
 - Most residents fall between those with sleep apnea and narcolepsy on the Epworth sleepiness scale
 - It may be difficult to stay alert and focus when sitting





ACTIVE LEARNING

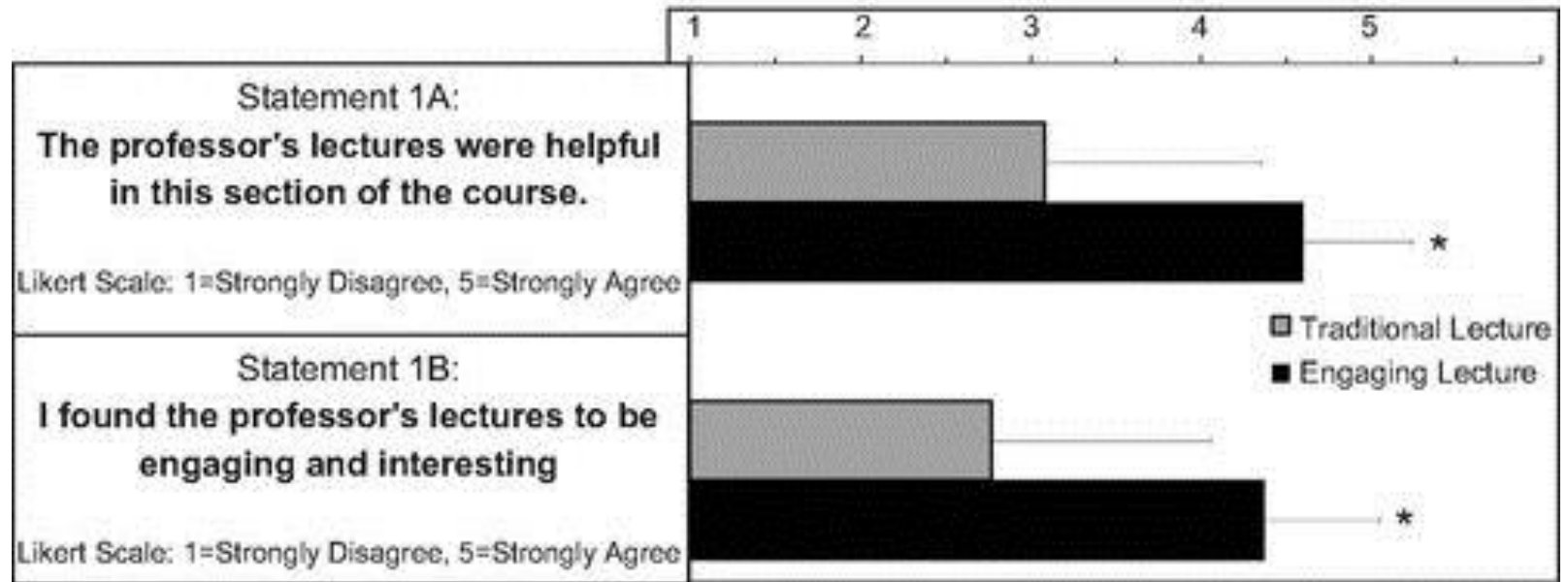
- Comparative study of the perceptions between learners and teaching faculty on activating learning techniques
 - Students – first year dental students
 - Faculty – Teaching faculty at Department of Physiology and Biophysics who taught at Schools of Medicine, Dentistry, or Graduate studies



ACTIVE LEARNING

Perceived Effectiveness of Lectures

- Comparison study engaging physiology lectures versus didactic lectures in first year dental students

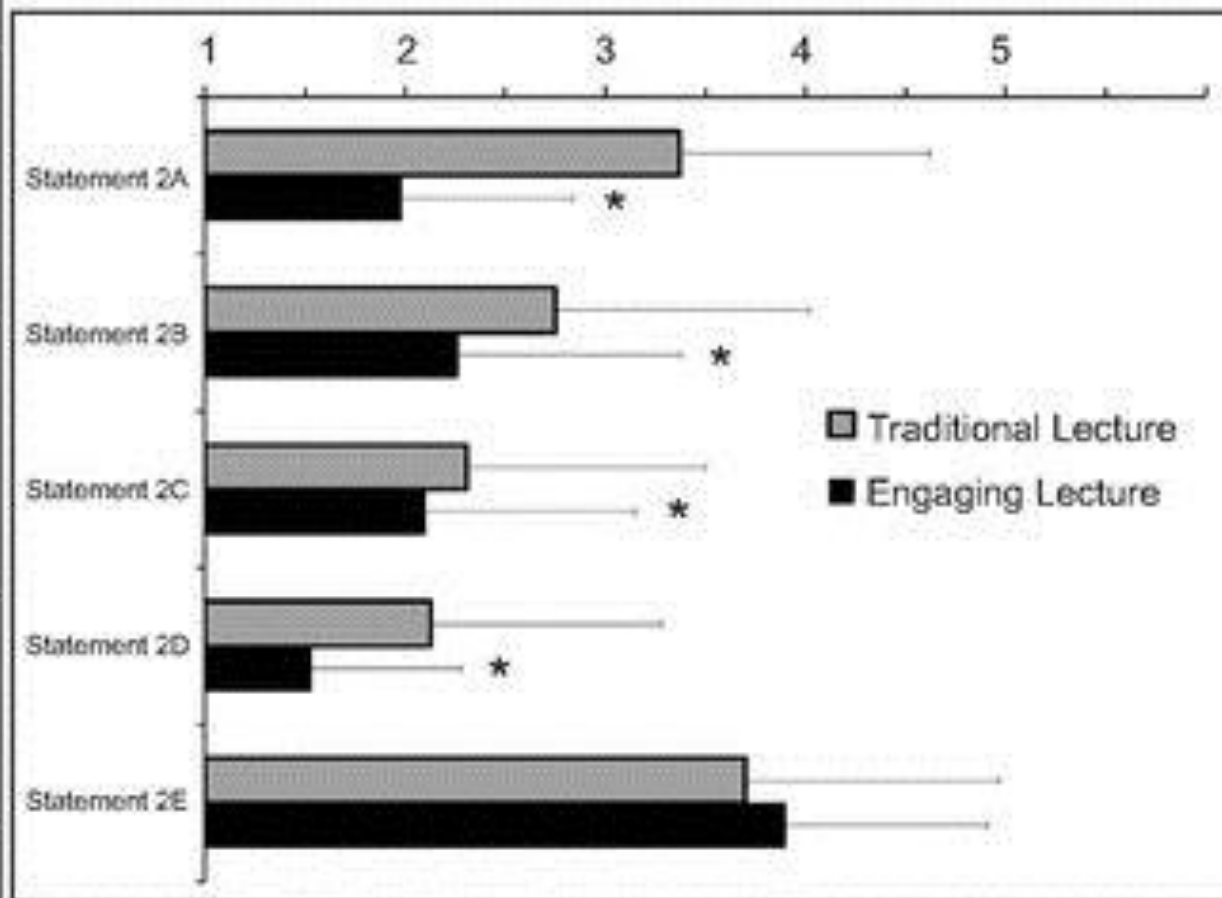


n=358-418
* p<.0001



Student Distractions

<p>Statement 2A: I found it difficult to pay attention in class during this section of the course Likert Scale: 1=Strongly Disagree, 5=Strongly Agree</p>
<p>Statement 2B: I spent in-class time doing activities other than listening to lectures, participating in class-related activities, and/or taking notes in this section Likert Scale: 1=Strongly Disagree, 5=Strongly Agree</p>
<p>Statement 2C: How many times did you text message, instant message, tweet, or email, on average per day, while in class this section? Scale: 1=0 times, 5=10 or more messages</p>
<p>Statement 2D: How many times did you find it difficult to stay awake in class, on average per day, this section? Scale: 1=0 times, 5=5 or more times</p>
<p>Statement 2E: "I was overwhelmed this section by things outside of the Physiology course. Examples might include: other classwork, clinical duties, personal responsibilities, etc." Likert Scale: 1=Strongly Disagree, 5=Strongly Agree</p>

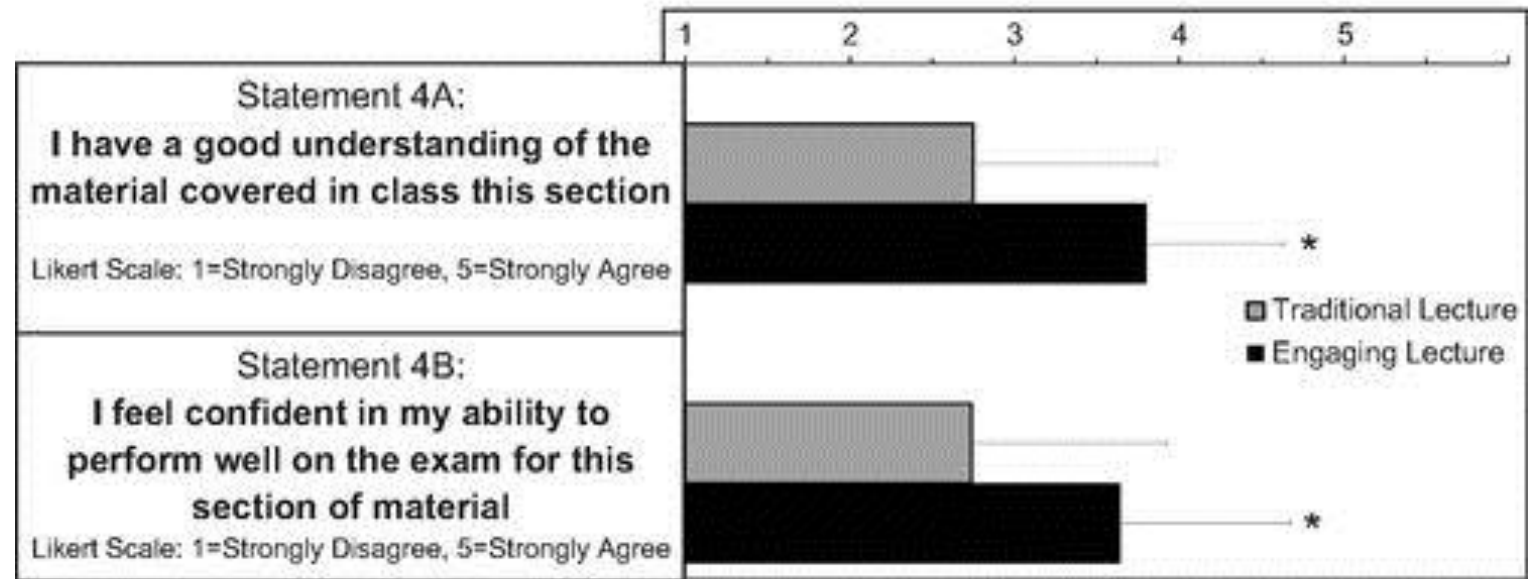


n=360-427
 * p<.05



ACTIVE LEARNING

Student Confidence with Material



n=362-420
* p < .0001

- Students demonstrated an improved long term retention of information via higher scores on the comprehensive final exam



BOARD REVIEW

- We utilize system specific “rapid fire” fill-in-the-blank questions
- Open forum
- Residents know of the topic a head of time, if they choose study in advance



Cardiology Board Review – Part 1

1.) Patient is a 55 yo M presents with complaints of fatigue. He states his stool has been “very dark” over the past several weeks. On exam he is noted to have a midsystolic murmur in the right second intercostal space that has a crescendo decrescendo characteristic that radiates to the clavicles.

Murmur type: _____

Given how young the patient is, you should consider this abnormality: _____

Name of syndrome when associated with a gastrointestinal bleed: _____

Mechanism of above syndrome: _____



Cardiology Board Review – Part 1

1.) Patient is a 55 yo M presents with complaints of fatigue. He states his stool has been “very dark” over the past several weeks. On exam he is noted to have a midsystolic murmur in the right second intercostal space that has a crescendo decrescendo characteristic that radiates to the clavicles.

Murmur type: Aortic stenosis

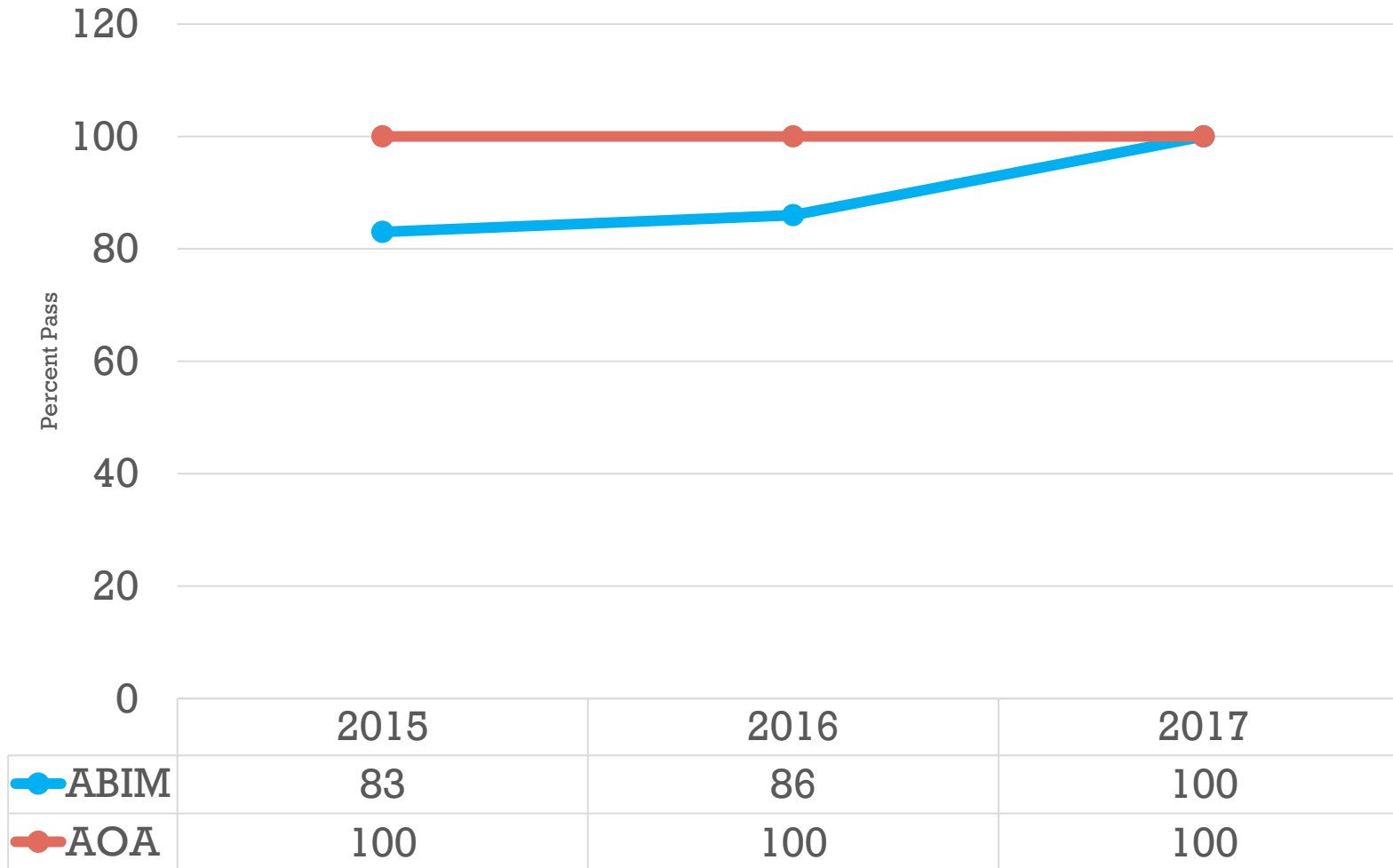
Given how young the patient is, you should consider this abnormality: Bicuspid aortic valve

Name of syndrome when associated with a gastrointestinal bleed: Heyde syndrome

Mechanism of above syndrome: Angiodysplasia and acquired vWD deficiency



Board Pass Rate



ABIM AOA



LGH BOARD REVIEW

- **Benefits**
 - Residents and teachers want active learning
 - Gives the resident time to reflect on self medical knowledge
 - Realization of lack of knowledge may motivate residents to study that area
 - Residents can compare self knowledge vs peer knowledge
- **Difficulties**
 - Difficult for teachers to measure individual knowledge base in the group setting
 - Residents can switch to passive mode if they want to



BOARD REVIEW: BOOT CAMP

- **Small group teams**
 - Groups of 3 or 4
 - 10 minutes to individually answer a set of board questions
 - 1 minute to discuss team answer for each question
 - (play fun music as they discuss)
 - Teams hold up their answers and they earn points
 - Final “Jeopardy” question to win
- **Benefits**
 - Allows for individual assessment
 - Peer to Peer teaching
 - Fun game
- **Difficulties**
 - Time consuming to prepare





DAILY DOSE OF BOARD REVIEW

Send out a daily “Huddle” email

Contains:

- Admissions overnight
- Outline of lectures for the week and reading links
- Residents: rotations, clinic, absents
- Daily board question

Daily board question (see below for answer):

30 yo man presents due to R testicular swelling x 1 week. He experienced mild trauma after a fall from a bicycle 1 month ago. No medical problems. No medications. VS normal. On exam, there is a non-tender R testicular mass. US scrotum shows a well defined 2 x 1.5 cm hypoechoic lesion without cystic components in the right testis. HIV is negative. AFP and beta HCG are normal. CT abdomen/pelvis shows no LAD.

Likely diagnosis?

What to do?

Hopkins Modules	Block 10: Pneumonia & GERD .
IHI Modules	See IHI module schedule .

Answer:

Testicular germ cell tumor, likely a pure seminoma

Right radical inguinal orchiectomy.

US differentiates cystic from hypoechoic (more likely malignant) lesions. In addition, ultrasound can also rule out hydrocele or epididymitis. The CT abdomen shows no lymphadenopathy; testicular cancer usually spreads to the regional retroperitoneal lymph nodes first. Radical orchiectomy is required for confirming the diagnosis, histologic classification, and local tumor control, even in patients with metastasis.

The majority (95%) of testicular cancers are germ cell tumors (GCT), which are further divided into seminomas and non-seminomatous tumors. Non-seminomas typically have elevated AFP and/or β -hCG. This patient likely has a **pure seminoma**.

Testicular biopsy is contraindicated. This can lead to local seeding of cancer along the needle track.





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