ACE TCP Exams Tips

DISCLOSURE: The ACE wants to remind you that this document is to help guide your approach to the TCP Exams but is not in any way a replacement for what has been told and taught to you by the Faculty of Medicine. Do listen, apply and prepare according to the Faculty of Medicine recommendations. The following document aims in no way to discourage you from following the Faculty's recommendations.

Tips for Speedwell

- Each block has a different exam for each rotation within that block
    - DIM: Anesthesia + Surgery + Ophthalmology + Radiology = 4 separate exams (4h)
    - RRP: Internal Medicine + Medical Ethics and Health Law + Mindful Medical Practice = 3 separate exams (3h)
    - Family Medicine Block: Family Medicine + Pediatrics + Neurology = 3 separate (3h)
- You will not be able to switch between exams during the exam. In other words, you will have to submit an exam before going to another one, and won't be able to go back to your answers from previous exams once submitted.
- You need to pass each separate exam to pass the whole block:
    - Remedials is in the next block! (except last block it's in summer and they don't accommodate for travel plans)

Reasoning Reflection and Practice

INTERNAL MEDICINE

- 30 MCQs (last year), 3 short answer questions → DDx, common signs
    - Short answer Qs are broken down in different parts (ie. a, b, c, d)
    - They are worth more than a single MCQ question
    - If you prepared well you should not be stressed about them, they are logical if you worked on your ddx/investigation skills during internal
- Read blueprints, understand!
    - Blueprints lists are key!
- How a pt would present, typical hx, typical exam features, EKG etc.
    - Presentation, PE, ddx, next steps for dx **(treatment not high yield)**
- General EKG characteristics (e.g. wide QRS etc., major approach to therapy e.g. CHADS2 score, medications to give - not specific Qs on meds)
- Lymphoma, leukemia - low yield
- Resp, cardio, nephro - high yield
- Anemia
    - Approach, different types
    - Normocytic (anemia of chronic dz), macrocytic (folate or B12 deficiency, myelodysplastic, etc.), etc.
- Qs in blueprints are harder than exam, more focused on tx, not representative of exam
- Know how to interpret liver function enzymes! (For surgery too)
    - Pt with RUQ pain, total and direct (conjugated) bilirubin elevated, fever → cholangitis
    - Charcot's triad, Reynaud's pentad
        - High bilirubin = jaundice
        - Fever or WBC count high
- Elevation in lipase, total bilirubin and direct bilirubin → gallstone pancreatitis

ETHICS and HEALTH LAW

- Not easy, ambiguous Qs. Not representative of your studying. Questions tend to be low yield.
- If fail ethics, redo an exam.
- Only cases or abstract concepts (don't need to memorize laws- more important to know general principles).

MINDFUL MEDICAL PRACTICE

- Really easy, just study the notes (PDFs) they give you twice

Diagnostic and Interventional Medicine

- We suggest you think of which order you would like to do the exam ahead of time. Time is precious in the DIM exam, which has 5 components. Having a plan might reduce your stress and keep you confident.

SURGERY

- 50 MCQs (last year)
- Read/concentrate on chapters on abdomen (10) - very precise & detailed Qs (but everyone passed the exam or almost!)
- Study AHD lectures for the rest (e.g. orthopedics)
    - Lectures on abdo NOT SUFFICIENT FOR EXAM
        - Understand pathophysiology of the diseases - know the difference between each (e.g. cholangitis, biliary colic, cholecystitis etc.)
        - Presentation, etiology, general knowledge
- Imaging is also important
- Gallstone ileus - gallstone in gallbladder that forms fistula and goes into duodenum then lodges in ileocecal valve causing SBO - sign on CT = air in biliary tree (b/c of fistula) and stone in ileocecal valve, SBO
- IBD is high yield: Crohn's vs ulcerative colitis
    - UC linked to colon cancer - screen 10yrs after dx, and then yearly
    - UC if remove colon = tx pt vs Crohn's has no curative tx
    - Crohn's = RLQ pain, weight loss, ileocecal involvement, skip lesions, anywhere from mouth to anus, cobblestoning, transmural, granulomatous
    - UC often bloody diarrhea presentation

OPHTHALMOLOGY

- Study the summary lecture as a review after reading the book.
    - Lecture has the high yield points
- It is a challenging exam.
- Myths at the beginning of the book can be high yield
- Red eye and all the ddx, what is painful vs not painful (v. impt)
- Drug names can be high yield e.g. for glaucoma especially

RADIOLOGY

- Easy exam, do it first!
- Lectures ppts are what you have to know
- 1-2 imaging Qs, rest is theory

ANESTHESIA

- Read book once, then review AHD lectures - cover most of the objectives, really representative
- Obstetrics - high yield
- How morphine doses are converted to other opioids
- How to calculate fluid loss replacement (4-2-1)
- Local anesthetics - max doses (w/ and w/out epinephrine)
- Learn all the doses for the drugs in the objectives

CCH

FAMILY MEDICINE

- 20 questions
- Small group lectures are sufficient
- Usually classic diagnosis of family medicine
- Guidelines lectures are high yield

PEDS

- 20 questions last year
- A few short answers, if you study the small group sessions you should be more than ok. They summarize very well what you have to know regarding growth, neonatal problems, etc.

NEURO

- Exam was challenging but fair. Review Dr. Moore's lectures from Block J according to the TCP Neuro objectives to guide your study.
- The few short answers questions were challenging but if you know your approach to neuro ddx you will be fine
    - try to break down the possibilities from cortical, subcortical, brainstem, spinal cords, AHC, peripheral nerve, NMJ and muscle when you think of a lesion
    - The "locate the lesion" game is very popular on all neuro questions you will have in medical school

THE ACE WISHES YOU GOOD LUCK!
ACE IT TILL YOU MAKE IT!