

OnlineMedEd

Test Guide

Explained, Approach, and Question Advice



Why Board Exams Matter

Board exams aren't necessarily a bad thing. In fact, they can be quite helpful. They force you to learn information you probably should learn but don't want to. Studying in immense detail feels painful; you forget most of it after the test is over. What you must realize, however, is due to that focus and attention certain things become implicit.

What color is the sky? What's 2+2? They're implicit in your being. When you read "hepatic dysfunction" we bet a list of thoughts leap into your brain. When starting med school, it's likely you didn't even know what hepatic meant. Later in life, when you encounter these things again you'll think, "Oh ya, I remember this," as opposed to, "So umm, this is new." It'll pay off when there's more nodding, less head scratching in your life. They're good for another reason; they force you to think. Remember two things: 1) there are no curveballs on the step 2 and 2) in order to answer the hinge question you first must know what's going on in the vignette and make a diagnosis. These tests are created to force you to learn all the illness scripts for the diseases we know about. You must learn the pathology, presentation, diagnosis, and treatment of disease – effectively their "management".

If you can take these multiple choice tests effectively so too can you practice medicine effectively. At the very least you'll have learned the illness scripts for the way diseases are supposed to present. If you find something different from ordinary, you'll be able to identify the uncommon presentation of a common disease, or the common presentation of something uncommon. Those are called write-ups; you get to go to a conference or publish a paper when they're encountered.

While studying for the test remember what it's about. Yes, it's about getting a high score to help place into residency. Yes, it's about identifying buzz-phrases to get the answer right. But, it's also about learning how to take care of real people. You're learning the illness scripts and management of disease that you'll use for the rest of your life. It doesn't matter the specialty – this is the foundation for the rest of your life. It's what you just have to know to practice effectively.

Then you specialize. You go to residency to make the scripts more robust for the diseases you'll care for. In the back of your mind, however, you'll always have an innate sense of whether something is right or not. With this skill, one day you might just save a life.

We hope you find the following information helpful. Whether you use OnlineMedEd or not, we want you to succeed. We'll give you the roadmap to success. But remember, greatness comes from within. We can show you the way but it's up to you to make it happen.

- Dustyn and Jamie
[OnlineMedEd](#)

Phases of Preparation - Phase 1: Learning

The learning phase is about establishing and building new knowledge in your memory. Even if you've encountered the information before, you presume it's not ready to be stored or accessed appropriately. The focus is on the promotion of understanding and retention of what you need to learn. To do so, you must engage the content in different learning modalities simultaneously. Visual, auditory, reading, and kinesthetic learning strategies must synergize to maximize potential. Repetition is key. You begin with no knowledge. You learn. Then, you reach the point where you can synthesize new knowledge based on what's already been accumulated. We're talking high order educational theory here; let's make it more concrete.

1. **Read:** The notes cover the reading learning modality. They prime you for the video and allow for repetition.
2. **Watch:** The videos cover the auditory and visual learning modalities. They allow you to pause, speed up and rewatch while you take/compare notes (the kinesthetic learning).
3. **Solidify:** The questions build on your foundation and push you to the next level. You read vignettes related to what you've learned and are forced to make decisions about patients you haven't seen, or answer situations you hadn't considered.

The learning phase is our focus and lasts all year, but we've crafted some shorter interval ideas for the great push (see end).

Phase 2: Taper

As an athlete must taper before a big race, so must the medical student taper their training for the big test. With about 1-2 weeks left in your studying, it becomes time to stop learning and start simulating. In this time window you want to experience the test: what it'll look and feel like. It's essential to know when you'll get antsy, when you need a break, and how long those breaks will be. Each day should be another 7 block exam. Feel how grueling test day will be.

Any new knowledge accumulated during this period will replace knowledge you already had somewhere else.

1. Get up at the same time each day, just as you would on test day.
2. Eat the same meals you would each day, just as you would on test day.
3. Questions: get UWorld. They simulate the software of the test flawlessly. You've used our questions up during the learning phase, right? ;).
4. Turn off tutor mode.
5. Turn on timed test mode.

Phase 3: Rest

The taper period ends three days before the test. You'll burn out if you keep the grueling pace up to it. Like the sprinter before the race, do nothing the two or three days before the test. Meditate, go to the gym, and sleep in. Go on a date, pet your dog - do whatever helps you relax. You need to be well rested. Come test day, you want to be fresh and ready to compete.

Beating Questions

Questions are for one purpose - beating the tests. Whether good or bad that's the game we must play. Train the right way by learning the rules to beat them. Let's get our high score and move on with our lives.

Here are the rules to the game.

The test writers start with an **educational objective**. That's the clinical question being asked. "Diagnosing Multiple Myeloma," or, "treatment for a CHF exacerbation."

Then they pick a **right answer**. They affix the **appropriate question** to that right answer. Usually this is done in the way of, "what is the best next step in management?"

Then they write **wrong answers**, called **distractors**. A good distractor is one that COULD be right given the right situation. That is to say, if the writer adjusted the vignette in some small way, the wrong answer could become right. It can also be something that sounds attractive to someone who hasn't really studied a topic, but rather is using loose word association.

From there, they write the vignette. Within it, the vignette contains the diagnosis. **You must first make the diagnosis before you can answer the question**. The question is called the **hinge**. You answer the clinical vignette by determining either the diagnosis or by figuring out where in the diagnostic pathway you are, then you answer the question loosely related to whatever you've diagnosed.

Due to time and space restrictions board exam questions can't be infinitely long. Generally speaking, that means if they **tell you something is there** it's probably useful in making the diagnosis. But here's what's great: if they tell you **something is absent** then that is most **certainly crucial** to the vignette. After all, they don't have space to say all the negatives - if they take the time to say it you can bet it's relevant.

So when doing questions it's not just about, "getting the answer right," or, "reading the explanations." Training for the test is about figuring out how the test writers think. You should at least think about how you would rewrite the vignette to make each of the other answers right. In doing so, you engage the content in greater detail and consider more possibilities from that one vignette.

No. No one who writes for the tests also writes review questions.

No. You won't see a question word for word in a review material and on a test.

Yes. Training for test day will let you perform well when you get there; you'll pass the test.

Resources

1. **Review Book:** This is what you carry around. It's meant to be glanced at; it's for recall and recognition. The book isn't about learning – use it to preview the content. It won't make sense, but you'll prime the brain for the critical information. It can also be used to review the content. Then, it'll all make sense; you'll build crucial associations by reengaging the material. This is what the QUICKTABLES are for. First Aid, Step Up, etc also work.
2. **Reading Book:** This is to be fully consumed. It's short enough that you can actually get through it, but longer than the review book. It's usually written in complete sentences. You'll retain only a little of this information (research shows about 20%), but it's just one modality. This is what the NOTES are for. ACP essentials for medicine is another example.
3. **Reference Book:** This is the one you'll rarely look at; it sits on your shelf. Its utility is for when you have to do an oral presentation or really want to know EVERYTHING about a topic. It's Harrison's, Cecil's, and UpToDate. We DON'T recommend using one of these books to prepare for usual clerkship material. Don't buy it either - most schools offer an electronic version for free through the library.
4. **Qbank:** The Qbank acts not just as another modality for repetition of information, but it trains you. At the end of every block there's a test; it makes sense to train for it. A sprinter can run all year and have the endurance, but they must also practice technique to win. Reading and watching videos doesn't cut it - you have to practice. Answer explanations also provide a second pass of the content in a different context. We have a QBANK for this purpose. If you've done ours already, UWorld is a solid alternative.
5. **Lectures:** Humans are audiovisual; 30% of the brain is dedicated to sight and sound. Hearing knowledge delivered: the tone of voice, rhythm, pace, etc is another way to solidify information. These take the longest because you have to wait for us to speak. But, that's why we made them electronic; you control the pace, time and speed. BE CAREFUL. Lectures can be detrimental. If you have superfluous information (a 150 slide PowerPoint), it goes too long (an "hour lunch lecture"), or the speaker is boring you won't learn anything. We've consciously built the lectures to make them meaningful, useful for knowledge and retention, and not terribly boring. More importantly, the content's been parsed down to what you need to know – not the information a grey beard thinks is important. The VIDEOS are free.
6. **Flashcards:** All learning strategies stress the importance of repetition. How you approach it is up to you: any of the above can do it. But, if you've learned and understood the material it might just take some quick repetition of trigger words and buzz-phrases to make it stick. That's where FLASHCARDS are useful. We've created targeted cards for every topic on the site. Anki is another popular option.

At OnlineMedEd we've used these concepts to create resources with purposeful precision. Read the notes to introduce topics. Then watch the video; the audiovisual cues will further embed the knowledge you just read. Consolidate it with questions; apply your learning to a test scenario and get real exam training. Drill it in with repetition via the Quicktables and flash cards. Learn to recognize trigger words and buzz phrases likely to appear on the tests.