

Tips for Board Success

From John Taylor

As soon as you can, get the Candidate's Guide. It is your Bible.

Read it and memorize it.

It contains all of the information you need.

Start gathering your cases and following them up as soon as you can.

Language

Practice being precise at the view box.

Be as specific as you can.

The examiners are waiting to hear the "Buzz Words"

Avoid repetition and repetitive statements, "There is..."

- Use more active language: "An aggressive process is suggested..."

Avoid annoying language: "There is...", "We have...", "The patient has..."

Get in the habit of describing the study

1. The study

2. Patient's age and gender

Do these right at the start.

Review the study carefully, don't rush right into it.

Discuss and emphasize the most important findings

Say, "The most important finding is 'X'"

Don't just stop there, keep going with all of the other findings on the film. Get all of the available points.

Pay attention to detail.

Don't suffer from satisfaction of search.

When presenting cases

Follow the instructions in the candidate's guide.

You must be involved with the case.

Know **EVERYTHING** there is about those cases.

Make sure they are COMPLETE and of good quality.

Mark the films carefully. (Familiarity with the study and its order)

Practice with your cases with everyone in the department.

Time Management

Make a schedule to study all of the things you need to cover, so you don't need to cover something for the first time at the last minute.

Lay out all of the guide's deadlines

There will be a report writing station.

Be prepared to write a report.

Read Yochum and Rowe's chapter

Read Marchiori's chapter.

You should be reading the journals to stay current

At the very least the following

- AJR

- Radiology

- Skeletal Radiology

- Spine

Make sure you are reading the right books.

Resnick for skeletal

Resnick's internal derangements book

Anne Osborn for Neuroradiology

Taveras and Ferrucci for general stuff.

Paul and Juhl's fourth edition for abdomen, and chest

Felson's programmed text for chest

Fraser and Paré's Synopsis for chest

Baker's book for abdomen

Baker and Elkin for abdominal calcifications

For general skeletal:

- Yochum and Rowe for general detail of skeletal

- Marchiori's book for general detail of skeletal

- **Beware that although these are excellent books, they don't provide the detail that will be necessary to pass the board**

Don't say that the films are of poor quality when you sit for the test.

Don't worry about it if the examiner cuts you off and then moves on to another case.

You will get **NO** positive feedback

So, don't feel bad when you don't get the smiley face during the test.

Work with another resident

One resident reads the films and describes the findings to another resident

The second resident does not look at the films, but tries to give the diagnosis based on the reading from the first resident.

From Lindsay Rowe

Total performance

Get your technique down, rehearse.

- Sit down, square off with the view box.

- Keep your hands still. Fold them in front of you.

- Don't make a big sigh when you start, or any other dramatic sounds.

- Sit in front of a mirror and practice looking into it to practice this.

- Nothing should surprise you. If it does don't let it show. Be confident.

- Don't handle the materials without permission.

Ask for permission if you want to handle the films

This is probably not a problem on the ACBR exam, as the examiners usually hand the films to you.

- Make sure you put the films up correctly.

- Summarize, state your DDX, and then state what would you do to follow up this case.

There are 3 types of cases

1. Single film.

- Stop case.

- Knock it down in about a minute.

- Typically is left to give you at the end.
- 2. Two or three films max.
 - Subtle findings on the plain film
 - Admit the findings are subtle
 - Ask for follow up
 - The findings should be more obvious
- 3. Stopper Case
 - Multimodality mindbender
 - Recognize that they are trying to stop you because you are doing well, or to see how you integrate.
 - Clue: The examiner starts shuffling films
 - Make sure you are seen to be looking at the finding.

What do you do if you don't see anything?

State important negatives.

State you are looking for "x" and find no evidence

Summarize and say "I see no evidence to correlate with the patient's history"

Possibly give a recommendation to run this down clinically and with other imaging.

PRACTICE THE TOP TEN when studying

1. Definition
 - Define the condition.
2. Epidemiology
 - Age, sex, and location
3. Basic clinical findings
 - The classic clinical presentation
4. Lab findings
5. Associations
6. Pathology
 - Macroscopic
 - Microscopic
7. Imaging features
 - Plain film
 - CT
 - MR
 - Bone Scan
8. Prognosis
9. Treatment
10. References
 - use only one if possible
 - This way you don't have to remember where you read something, because you only read one book.

Remember the following sayings for the test

ALL EXAMINERS ARE "SMILING DEATH"

"The examiner is in a coma until they hear the buzz words."