

How and when to prepare for the GI board examination

As the fellowship comes to fruition for the senior fellows a few months from now, the excitement of graduating soon is likely starting to get tempered with the trepidation over the gastroenterology board exams that will follow. Dr. Brennan Spiegel, author of a board exam help book, provides tips on how and when to start preparing for the GI board exam, in this month's fellows' corner.

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OVERVIEW

Some people shudder at the thought of taking a Board examination. There's no need. If you're a fellow preparing for the exam, then you have already passed loads of exams comprising of thousands of standardized questions over a decade's worth of education. By now you know how to take an exam. In the case of the GI board exam, you've been focused on nothing but gastroenterology and hepatology for the past 2 to 3 years; so you know what you're talking about.

That said, you should still take the Board exam seriously. Although pass rates remain in the 90%+ range, people do fail. A lot of preparation will not only allow you to pass the Boards (usually, at least), but, more importantly, will prepare you for "real life" as well. Ultimately the real point of this is to learn your trade, not simply to pass an examination. This *Fellows' Corner* provides some advice on how to do it right.

GENERAL STRATEGIES FOR BOARD EXAM PREPARATION

First and foremost, look at a calendar and write down the date of your exam. Generally, the exam is administered in the late summer or fall. Work backward from that date, hopefully well in advance, and plan out your preparatory timeline. The exam is not so hard that you'll fail despite good preparation, but it is hard enough to give you big trouble if you're not well prepared. Put yourself on a

regular diet of reading (more on that later). Don't just do questions alone—actually *read* this stuff the way you should have been reading all along. Whatever you end up reading, be sure to protect your time to sit down and read quietly, in an uninterrupted fashion, and without undue distractions. Board review time is a good time to go "old school"—to read, review, interpret, reread, think, and, finally, *know* the content you've always hoped you would know.

Next, be aware of what is actually on the exam. The American Board of Internal Medicine (ABIM) writes and publishes the GI Board examination. The ABIM states that their exam content reflects an explicit percentage breakdown, as shown in Table 1. They publish a complete "blueprint" of the exam; you can find it at this link: http://www.abim.org/pdf/blueprint/gastro_cert.pdf. I think that it's really helpful to go to this link and simply learn from the source. This document provides the ABIM's official description of the exam. I won't review the whole document here, but there are a few quotes worth mentioning. For example, the ABIM states that "the majority of questions (> 75 percent) are based on patient presentations occurring in settings that reflect current medical practice. Questions requiring simple recall of medical facts are in the minority; the majority of questions require integration of information from several sources, prioritization of alternatives, and/or utilization of clinical judgment in reaching a correct conclusion." In short, the ABIM is telling you that you *cannot* memorize your way through their exam. There are definitely facts to know that can help you navigate a question, but ultimately you need to have a good clinical acumen to pass this exam. That's the good news, because presumably you've been seeing patients for years at this point, and should know patient care like the back of your hand.

The ABIM also states that the exam requires "expertise in the broad domain of gastroenterology, including hepatology, and the diagnosis and treatment of both common and rare conditions that have important consequences for patients." This quote highlights several things: First, don't get too worried if you're a little weak in one area of general gastroenterology; so long as you know other areas, you'll be okay. The GI Board exam covers a broad range of topics. Second, do not forget about liver diseases. As Table 1 indicates, hepatology now accounts for 25% of the Board exam. Third, although the Board exam does cover common disorders, it has a reputation for highlighting seeming minutiae. So be aware when they say the

TABLE 1. Official American Board of Internal Medicine breakdown of content areas on the GI board examination

Primary content area	Relative percentage of examination
Liver	25%
Colon	15%
Stomach and duodenum	15%
Esophagus	10%
Pancreas	10%
Small intestine	10%
Biliary tract	8%
General (systemic disorders, nutrition, literature interpretation, statistics, epidemiology, ethics)	7%

exam will cover “rare conditions” because it will. The Board exam will push you to the extremes of knowledge. It will require that you know all about conditions you may have never even seen, like hereditary angioedema, Cronkhite-Canada syndrome, tylosis, and Cowden syndrome, among many others. This is to ensure that you know not only the average run-of-the-mill stuff, but also the oddities that, over time, are sure to arrive in your office or clinic. When they do arrive, chance will favor the prepared mind.

Also bear in mind that the GI Board exam demands attention to detail. Because the GI exam (like other subspecialty exams) emphasizes depth over breadth, you really need to master the *details* of the content. General concepts and gestalt only go so far; at some point you need to have the details packed away to succeed on this test. The test will push you to the limit on some of these details. For example, a classic clinical threshold is that a carcinoid larger than 2 cm in the appendix requires right hemicolectomy, whereas a smaller lesion can be handled with a mere appendectomy. That’s just a straight-up fact, one of many that could be called on during the exam. On the Boards, they might ask you how to handle a 1.8-cm lesion, not a 4-cm or 1-cm lesion, but a 1.8-cm lesion. In other words, they might go out of their way to find out if you *really* know the details, not “kind of” know the details.

HIGH-YIELD AREAS TO STUDY

Here are some general topics that we emphasize in Board review, in no particular order:

- Cirrhosis. You just know cirrhosis will be all over the exam. But cirrhosis is a broad area, so it’s helpful to focus in on particularly high-yield topics within cirrho-

sis. Know things like hepatorenal syndrome, ascites management, variceal screening, applying the Model for End-stage Liver Disease score, and so forth.

- Drug-induced liver injury. There are so many drugs, herbals, and other substances that can affect the liver that it’s virtually a lock to see some drug-induced liver injury questions on the board exam.
- Metabolic liver diseases. I would not be surprised if you were asked about Wilson disease, hereditary hemochromatosis, or α_1 -antitrypsin deficiency. Just know these.
- Nutritional deficiencies. Nutritional deficiencies compose a small part of the “general” category that makes up 7% of the exam. Thus, you might expect only 1 or 2 questions about nutritional deficiencies. So it’s not necessarily high yield to learn all the deficiencies from the standpoint of total questions, but it *is* high yield from the standpoint of their likelihood to show up on the exam, even if in small numbers.
- Dermatological manifestations of GI and liver diseases. This is a favorite topic of Board examiners because it reminds all of us that we’re internists first and subspecialists second.
- Viral hepatitis. This is one example in which the prevalence of the disease in the community appears to be matched by its prevalence on the examination itself. Be able to interpret responses to combination therapy with interferon and ribavirin. Be aware of how to manage hepatitis B virus (HBV) in pregnancy, management of acute HBV liver failure, relationship between HBV and hepatocellular cancer, and flares after anti-tumor necrosis factor therapy or steroids, among other topics.
- Biliary diseases and ERCP. Biliary disease composes of 8% of the examination. Pancreas makes up another 10%. So the combination means that nearly 1 in every 5 questions has something to do with pancreaticobiliary disorders.
- Pregnancy. Man, do the Boards love pregnancy! Pregnancy in inflammatory bowel disease, pregnancy and liver disease, pregnancy and GERD, pregnancy and [insert disease here]. Classic topics include acute fatty liver of pregnancy; hemolysis, elevated liver enzyme levels and a low platelet count syndrome; use of steroids in pregnancy; pregnancy classes of common GI medications (eg, proton pump inhibitors), hyperemesis gravidarum, and so forth.
- Basic epidemiology. As with nutritional deficiencies, epidemiology is stowed away in the “general” category, and you can once again expect a handful (at most) of questions covering basic epidemiological principles. Topics may include the difference between lead time and length time bias, sensitivity versus specificity, positive versus negative predictive value, and definition of a *P* value or 95% confidence interval, among others.
- Hereditary colorectal cancer syndromes. This topic is vulnerable ground because many fellows never really

learn the details about common hereditary syndromes, including hereditary nonpolyposis colorectal cancer, familial adenomatous polyposis, Peutz-Jegher syndrome, Cowden syndrome, tuberous sclerosis, and juvenile polyposis, among others. Know these well.

WHAT TO READ

I'm frequently asked, "What should I read to study for the Board exam?" There is no single best answer; it all depends on who you are, what you already know, and what you need to know. To begin with, I suggest that everyone read the major clinical guidelines published by the GI societies, including the American Society for Gastrointestinal Endoscopy, American College of Gastroenterology, American Gastroenterological Association, and American Association for the Study of Liver Diseases for common clinical disorders. Hopefully you already know most of these, but if not, go read them; they are extremely high yield. The ABIM also publishes question banks for Board review. These are usually administered for those preparing for recertification. But you should try to get a hold of the ABIM question banks for GI and hepatology; they are excellent. As for books, there are many. The Mayo Clinic publishes an excellent volume that is very popular.¹ Plus the book is updated regularly. I used the Mayo book when I studied for the Board exam, and I passed! The *GI/Liver Secrets* book is also full of good stuff, although it is a fairly dense read.² Another book, entitled *Gastroenterology and Hepatology Board Review*, provides bulleted facts and a variety of questions.³ I also published a vignette-based board review book designed to comple-

ment larger volumes.⁴ Additionally, self-education resources from the GI societies such as Digestive Diseases Self-Education Program, Gastrointestinal Self-Assessment Modules, and Gastrointestinal Endoscopy Self-Assessment Program can be helpful. But whatever you read, be sure to give yourself plenty of time, minimize distractions, read thoroughly and carefully, and enjoy the process because you won't have many opportunities to learn like this again.

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Abbreviations: ABIM, American Board of Internal Medicine; HBV, hepatitis B virus.

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