

TDM Exam Study Resources

What does the exam involve?

The TDM examination is three hours long. Each test form is comprised of 40 cases or patient-based scenarios. For each case there is one to several questions; most cases have two or three questions. Each case is equally important regardless of the number of questions. There are approximately 100 questions for each test form.

The cases represent common or important presentations from across four dimensions of care: Health Promotion and Illness Prevention, Acute Illness, Chronic Illness, and Safety and Adverse Effects. The questions are designed to assess critical thinking and decision-making. Cases and questions also assess awareness and understanding of alternative therapies, respect for negotiating a therapeutic contract and recognition of drug misuse and abuse.

The cases are created and reviewed by a central test committee comprised of clinicians, predominantly family physicians, plus a pharmacist. For each test form, the cases are selected to meet pre-set test specifications to ensure similar sampling across the four dimensions of care.

The candidate's task is to prescribe specific treatments and to provide a rationale for your choices when asked. Questions often ask for pharmacological treatment decisions; and for these questions, the drug, dose, route, and frequency are usually required. Sometimes questions only ask for the class of drug. A question may ask for admission orders. Some questions focus more on how to advise a patient regarding the management of their problem. Responses are marked according to the understanding of issues shown, their relevance and appropriateness.

Candidates should always read the clinical information in the case carefully. Then read the questions carefully; and only then document the therapeutic/management option(s) considered to be optimal. There are no negative marks, but candidates should always read the questions carefully to ensure the best possible answers are given.

Exam Tips:

Think about the **management of information** (*focus, coherence, organization, etc.*)

- **Focus and coherence**
 - **Be as brief as possible**, making use of the space provided after each question.
 - Word your responses carefully. Correct answers are usually a single word, a few words or a short phrase.
 - Partial marks will be given for partial information.
 - **Be as specific as possible.**
 - For example, 'thyroid disease' is an unacceptable response

when 'hyperthyroidism' is the correct response.

- **Organization**
 - **List only the number of responses asked.** You will receive credit for only the number asked in the order written.
 - **Use a separate line for each response.** Your answers must be listed vertically in the space provided.
- **Drug nomenclature**
 - **Some questions ask about a class or type of drug** (e.g. beta-blocker) rather than a specific drug. This will be clearly noted in the question.
 - When asked to list or prescribe drugs or medications **use generic names, whenever possible.**
- **Drug dosage, route of administration, frequency and duration of treatment**
 - **Read questions carefully** to determine if the drug dosage, route of administration, frequency and duration of treatment need to be specified in your answer.
 - Do **not** provide a range (e.g. 5-10 days or 10-20 mg) unless specifically asked to do so.
 - When asked to provide a **drug dose** you should be reasonably confident about the proper dose. No credit is given for an incorrect dose; no penalty is assigned for an incorrect dose.
 - **Drug dose** may be expressed as an actual dose (e.g. 200 mg) or in mg/kg of body weight. (some questions will provide the patient's weight in the clinical scenario)

Always consider how **information is being communicated** (*grammar, spelling, mechanics, conforming to conventions for abbreviations*):

- Legibility matters. **WRITE OR PRINT CLEARLY.** No credit is given for unreadable answers.
- When asked to write a prescription, do so as would be done in practice to be read by a pharmacist. **Be sure to complete all necessary parts of the prescription.**
- **Abbreviations:**
 - Only use very common short forms and acronyms; e.g., CBC for complete blood count, and IV for intravenous are acceptable. Other abbreviations may not be clear even for a specific context, and should be written out.
 - Generally drug names should be spelled completely rather than using abbreviations or acronyms. However, some very common abbreviations are acceptable (e.g. ASA, NSAID, SSRI)
- **Spelling**
 - **Accurate spelling** of drug names is important.
 - Spelling errors will not hurt your score so long as the error does not interfere with the marker understanding your answer.

Additional Resources

Below is a list of suggested reference materials to help you study for the TDM exam. We strongly suggest that you review these resources to help you better prepare for the exam.

The MCC does not require candidates to purchase or use any particular reference. The following textbooks may be used by MCC test committees to validate examination questions.

1. **Safety Competencies:** <http://www.patientsafetyinstitute.ca/en/toolsResources/Integration-of-Safety-Competencies-Framework/Pages/default.aspx>
2. **ICD 11:** *International Statistical Classification of Diseases and Related Health Problems, 11th edition, (World Health Organization 2018)*
3. **[Bugs and Drugs](#)**
4. **[UptoDate.com](#)**
5. **Textbooks related to Family Medicine:**
 - McWhinney, Ian R., *A Textbook of Family Medicine*, 3rd edition, (Oxford University Press, 2009). There is a revised version by Freeman, Thomas R., *McWhinney's Textbook of Family Medicine*, (Oxford University Press, 2016)
 - Rakel, Robert, *Textbook of Family Medicine*, 9th Edition, (Saunders Elsevier, 2015)
 - Evans, M., Meuser, J. (eds), *Mosby Family Practice Sourcebook; An Evidence-Based approach to care*, 4th edition, (Elsevier Canada 2006)
6. **Medicine:**
 - Goldman, L., Schafer, A., *Cecil Textbook of Medicine*, 25th edition (Elsevier Canada, 2015)
There is another version by Andreoli and Carpenter's *Cecil Essentials of Medicine*, 9th edition, (Elsevier Canada, 2015)
7. **Other related resources:** <https://www.canada.ca/en/public-health/services/infectious-diseases.html>
8. **PHAC Canadian Immunization guide:** <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>
9. **College of Family Physician Priority Topics and Key Features (99 topics)**
(www.cfpc.ca/KeyFeatures)

*See sample questions on the following page.

Sample Item One

A 79 year old woman presents with chronic back pain adequately treated with acetaminophen. You perform imaging: X-ray reveals generalized osteopenia, a vertebral compression fracture of L2 and wedging of thoracic vertebrae.

1. What class of medication may be prescribed for this patient?
2. List 1 non-pharmacologic intervention that should be considered for this individual.
3. What potential long term serious side effect of this class of medication should be disclosed to patients before prescribing?
4. Name 1 contra-indication to this class of medication.

Question 1

Bisphosphonate

Question 2 (Any one of the following)

1. Fall prevention advice/strategies
2. Physical activity
3. Weight-bearing exercise

Question 3

Osteonecrosis of the jaw or just osteonecrosis;

Question 4 (Any one of the following)

1. Esophagus abnormalities - e.g. Barrett's esophagus, esophageal motility abnormalities (achalasia, stricture)
2. Chronic kidney disease
3. Impaired renal function
4. Inability to stand/sit up for >30 minutes after drug ingestion

Sample Item Two

Your 56 year old female patient has recently been discharged from hospital after suffering a CVA. While in hospital several new medications were added to her drug regimen.

1. List 6 ways a physician may help improve patient adherence to a medication regimen.

Question 1 (Any 6)

1. Use generic or lower cost drugs (reduce cost of drugs)
2. Social assistance (help with purchase if necessary)
3. Discuss side effects carefully
4. Careful instructions and good patient education about the illness and the treatment
5. Written instructions - in plain language
6. Timing aids/reminders/routines/blister packs or dosette
7. Choose medications with less frequent dosing. Once a day if possible
8. Reduce number of drugs if possible/avoidance of polypharmacy or therapeutic duplication.
9. Use a single pharmacy
10. Engage family members as a reminder
11. Engage patient in choice of medication
12. Scheduled follow up visits. Ensure the patient is able to follow up urgently if side effects or questions arise.

Sample Item Three

A 68 year old female presents with a 24 hour history of symptoms consistent with progressive isolated left sided facial nerve paralysis. Your diagnosis is Bell's Palsy.

1. What 2 drugs should be prescribed? Include dose, route, frequency, and duration for each one.
2. What 3 pieces of advice should be given regarding eye care for this patient?
3. What is the optimal time frame from the onset of symptoms to the initiation of treatment in order to achieve maximum benefit?

Question 1

1. Prednisone 50-80mg PO OD x 7 days
2. Valacyclovir 1000mg PO TID x 7 days **OR** Famcyclovir 500 mg PO TID x 7 days **OR** Acyclovir 800 mg PO 5x daily for 7 days

Question 2

1. Liberal use of lubricating drops throughout the day.
2. Lubricating ointment to be used at night.
3. Tape the eye closed at night while sleeping

Question 3

3 days (72 hours)