Name:	Date:
Identification Number:	

THERAPEUTICS DECISION MAKING (TDM) EXAMINATION

You have 3 hours to complete the examination.

You must use ONLY the pencils provided for you.

YOU MUST RETURN THIS EXAMINATION BOOK INTACT AT THE END OF THE EXAMINATION: DO NOT REMOVE ANY PAGES. YOU MAY NOT COPY AND/OR REMOVE THE QUESTIONS IN ANY WAY.

INSTRUCTIONS

This assessment is based on clinical therapeutic situations **relevant to family practice**. Each case describes a specific clinical condition or situation.

Objectives:

The objective of the therapeutic decision making examination is to examine your ability to integrate, evaluate and apply knowledge of everyday therapeutics. Responses will be marked according to your understanding of clinical issues, relevance and appropriateness of your decisions.

Format and Marking:

There are 40 cases, each case is equally important to the total score, regardless of the number of questions for the case. Read the clinical information carefully and then document the most appropriate therapeutic / management option(s). There are no negative marks. When a specified number of options is requested, answers will be marked in the order written: additional responses will not be marked.

Management of information:

- **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; however 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)
- **Note:** When test results are given, normal values are provided in brackets (e.g. sodium 128mmol/L (135-145)) for your reference.

Communication of information*:*
Grammar, spelling, mechanics, conformance to conventions of abbreviations

- Legibility matters. **WRITE OR PRINT CLEARLY**. You will receive no credit for an answer that cannot be read.
- When asked to fill a prescription form, do so as you would to be filled 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.

Examples:
A 23-year-old woman is seen in clinic with a history of mild asthma symptoms, often exacerbated by exercise.

1) What class and type of medication is recommended as first line management for this patient? Give your rationale for this choice.
   Acceptable Answer: Short-acting beta 2 agonist; inhaler
   Rationale: mild asthma mostly triggered by exercise

2) You prescribe this medication. List three patient behaviors or actions that may adversely affect the intended outcome of the treatment that you have prescribed.
   Acceptable Answers:
   1. Not getting the prescription filled
   2. Taking the drug at the incorrect time (not using inhaler before exercise)
   3. Forgetting to use medication
   4. Incorrect inhaler technique

3) List three measures this patient can take to minimize asthma symptoms.
   Acceptable Answers:
   1. Avoid known allergens and/or irritants
   2. Avoid smoking
   3. Learn about asthma triggers, symptoms and therapy (patient education/self-management)
   4. Regularly use a Beta 2 agonist prior to exercise