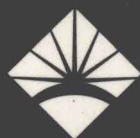


Release Date: March 2000
15 CME Credit Hours Available

Family Practice Board Review

Second Edition

Robert L. Bratton



LIPPINCOTT WILLIAMS & WILKINS

FAMILY PRACTICE BOARD REVIEW

SECOND EDITION

ROBERT L. BRATTON, M.D.

*Assistant Professor of Family Medicine
Mayo Clinic Jacksonville
Jacksonville, Florida*



LIPPINCOTT WILLIAMS & WILKINS

A **Wolters Kluwer** Company

Philadelphia • Baltimore • New York • London
Buenos Aires • Hong Kong • Sydney • Tokyo

Acquisitions Editor: Richard Winters
Developmental Editor: Michael Standen
Supervising Editor: Mary Ann McLaughlin
Production Editor: Christie Rears, Silverchair Science + Communications
Manufacturing Manager: Ben Rivera
Cover Designer: Mark Lerner
Compositor: Silverchair Science + Communications
Printer: Courier Westford

© 2002 by LIPPINCOTT WILLIAMS & WILKINS
530 Walnut Street
Philadelphia, PA 19106 USA
LWW.com

All rights reserved. This book is protected by copyright. No part of this book may be reproduced in any form or by any means, including photocopying, or utilized by any information storage and retrieval system without written permission from the copyright owner, except for brief quotations embodied in critical articles and reviews. Materials appearing in this book prepared by individuals as part of their official duties as U.S. government employees are not covered by the above-mentioned copyright.

Printed in the USA

Library of Congress Cataloging-in-Publication Data

Bratton, Robert L.

Family practice board review / Robert L. Bratton.-- 2nd ed.

p. ; cm.

Includes bibliographical references and index.

ISBN 0-7817-3392-8

1. Family medicine--Examinations, questions, etc. I. Title.

[DNLM: 1. Family Practice--Examination Questions. WB 18.2 B824f 2002]

RC58 .B73 2002

610'.76--dc21

2001050528

Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the authors, editors, and publisher are not responsible for errors or omissions or for any consequences from application of the information in this book and make no warranty, expressed or implied, with respect to the currency, completeness, or accuracy of the contents of the publication. Application of this information in a particular situation remains the professional responsibility of the practitioner.

The authors, editors, and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accordance with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new or infrequently employed drug.

Some drugs and medical devices presented in this publication have U.S. Food and Drug Administration (FDA) clearance for limited use in restricted research settings. It is the responsibility of health care providers to ascertain the FDA status of each drug or device planned for use in their clinical practice.

10 9 8 7 6 5 4 3 2 1

FAMILY PRACTICE BOARD REVIEW

To my wife, Linda, and my children, Davis Elizabeth and Robert Lisle

PREFACE

Family Practice Board Review, Second Edition is a directed review of important topics that typically appear on American Board of Family Practice (ABFP) in-training examinations, board certification examinations, and recertification examinations. This material is not intended for a comprehensive review, but instead should direct the examinee to areas of weakness that may need further review.

Family practice is a broad field, and to provide a complete, comprehensive review of all topics that may be covered is extremely time consuming. Several other courses attempt to provide this type of review; however, this book is more abbreviated and focuses on topics that are commonly found on board examinations.

Adequate preparation for any test is the key to success and rewarding results. Given this, we all know the impor-

tance of practice tests and the benefits of testing our knowledge base before the actual examination. This review book is structured for the examinee with limited time and resources for review and should be used only by those individuals with an established foundation of knowledge within the field of family practice. Its primary purpose is to identify areas of weakness that can be improved on.

Each edition attempts to update the existing information and revise any changes that have occurred in the medical field. I hope that you will find this book enlightening and, most of all, beneficial in your studies for the ABFP examinations. If you have any suggestions to help improve this material, please contact me with your suggestions at Bratton.Robert@Mayo.edu. Our purpose is to help you pass your examination. Good luck!

Robert L. Bratton, M.D.

ACKNOWLEDGMENTS

Special thanks to Mr. Richard Winters and Mr. Michael Standen (and many others) of Lippincott Williams & Wilkins, and Ms. Christie Rears of Silverchair Science + Communications, for all their hard work and guidance preparing this study guide.

REGISTRATION FOR EXAMINATIONS

RESIDENCY IN-TRAINING EXAMINATIONS

Registration for the in-training examination for residents in training is unnecessary, because it is handled by your Department of Family Practice. Your residency director will have all the details. The test is administered annually to each resident during the 3 years of residency training. All residents receive the same test; however, grading is based on your level of training. There are no pass or fail scores. The examination is given in the first 2 weeks of November, and your residency program will usually make the necessary arrangements to relieve you of your responsibilities for the half-day during which you are tested. The purpose of this test is to assess objectively your education and your knowledge base as you progress through your residency training. Your scores will be reported to you (within 3 months) with computerized results that compare your results with those of your respective peers in training. Your scores will also be reported to your residency director, so that he or she may track your educational development.

BOARD CERTIFICATION AND RECERTIFICATION EXAMINATIONS

All candidates for board certification must complete the residency training guidelines set forth by the American Board of Family Practice (ABFP). Registration for board certification and recertification is done by contacting

American Board of Family Practice
2228 Young Drive
Lexington, Kentucky 40505-4294
Phone: 859-269-5626 or 888-995-5700
Website: <http://www.abfp.org>

Your residency program will be able to assist you in your process of initial certification; however, the arrangements for recertification are the responsibility of each physician. The ABFP will send you information about the dates and sites of testing. The examination is held annually in large academic centers throughout the country on the second Friday in July. As stated in the ABFP Booklet of Information, September 1996, "The American Board of Family Practice Certification and Recertification Examinations are written tests of cognitive knowledge and problem-solving abilities relevant to Family Practice. Appropriate subject areas of the following disciplines are included: Internal Medicine, Surgery, Obstetrics, Community Medicine, Pediatrics, Psychiatry and Behavioral Sciences, Geriatrics and Gynecology. Elements of the examinations include but are not limited to, diagnosis, management, and prevention of illness."

Recertification involves submission of the formal application obtained from the ABFP, documentation of required continuing medical education hours, assessment of licensure status, office record review, and successful completion of the recertification examination. More information is available by contacting the ABFP office or accessing the website.

TEST-TAKING TIPS

INTRODUCTION

Just when we thought all of the standardized tests that we dreaded in high school, college, and medical school were behind us, the American Board of Family Practice (ABFP) requires an in-training examination (in some cases referred to as the *in-service examination*) yearly during our residency training. In addition to those tests, the ABFP requires a board examination at the end of our residency training that we must pass to receive board certification. Finally, the ABFP requires diplomates to pass a recertification examination every 7 years after residency training. Most elect to take the test every 6 years to provide an additional year to retake the test if necessary without losing board certification status. It's obvious that we're never going to get away from this anxiety-provoking and stressful testing of our knowledge and skills, so it is best to learn some tips to help improve our test scores.

Obviously, all of us are fairly good at test taking, or we never would have made the long journey through college and medical school. But it is always helpful to review some of the basics. The following are some general guidelines for taking the in-training, board, and recertification examinations.

PREPARE YOURSELF

Although by most standards the ABFP examinations are not exceedingly difficult, they should not be taken for granted. A poor score could result in not becoming board certified or losing board certification status (thus prohibiting hospital privileges in many areas). In addition, for residents who perform poorly on their in-training examination, their efforts may give rise to a closer eye and perhaps different attitude toward their overall performance as they progress through their residency training.

I suggest a structured study program that you begin 6 to 8 weeks before the examination. Some individuals may need longer; however, if the review process takes too long, you may forget some of the material before the test. Each night during the week (reserving the weekends for rest), I suggest reviewing for 2 to 3 hours with frequent breaks. During the week before the test, I suggest a brief cramming period that covers the topics you have reviewed over the last 6 weeks, to refresh and fine tune your memory bank just before the test.

This study guide is meant to guide the reader to areas of weakness. If there is a topic that you do not feel comfortable with, I suggest further studying with other, more comprehensive texts. This study guide is only meant to cover topics previously covered by ABFP tests and is not an exhaustive review.

REGISTRATION MATERIALS

Once you have inquired about the certification/recertification examination, you will receive registration information that will ask for your preferred testing site. You will also be requested to submit an up-to-date photograph. Before the test, you will receive additional material that includes your assigned testing site and a registration number. Make sure you bring the information and a photo identification to the test site on the day of the test. Failure to do this may prevent you from taking the test, or it may delay you in the on-site registration process. This is not required for in-training residency examinations.

REVIEW THE STRUCTURE OF THE TEST

Although your knowledge of the topics covered is the most important aspect of the test, it is also important to be familiar with the structure of the test, including the types of questions and sections as well as the time allotted for each section. All tests are graded with a computerized answer sheet that requires the participant to fill in circles for the answers to the questions. The pass-fail score for ABFP examinations is not based on a bell-curve-type method; therefore, it is theoretically possible for all candidates to pass the examination.

Structure of the In-Training Examination for Residents

There are typically two to three sections on the in-training examination, and the entire examination lasts approximately 4 hours. The test begins around 8:30 a.m., with a 15- to 30-minute break in the mid-morning, followed by completion of the examination around 1:00 p.m. in the afternoon. The first section of the test is single-best-answer multiple-choice questions; each question has four or five options for each

Child abuse (spiral fracture)
 Congenital dislocation of the hip
 Fractures (wrist, femur)
 Multiple myeloma
 Osteoarthritis
 Osteogenic imperfecta
 Osteogenic sarcoma
 Osteomyelitis
 Osteoporosis
 Rheumatoid arthritis
 Slipped capital femoral epiphysis
 Shoulder dislocation
 Tuberculosis of the spine

Gastrointestinal:

Bowel obstruction
 Crohn's disease
 Diverticulosis
 Ileus
 Perforated bowel
 Ulcerative colitis
 Volvulus

Genitourinary:

Neuroblastoma
 Renal stones
 Vesicourethral reflux
 Wilms' tumor

Computed tomography scans:

Brain abscess
 Brain tumor
 Cerebral vascular accident
 Subarachnoid hemorrhage
 Subdural hematoma
 Toxoplasmosis

Bone scans:

Bone cyst
 Osteomyelitis

Blood smears:

Iron deficiency anemia
 Sickle cell anemia
 Spherocytosis

Audiograms:

Conductive hearing loss
 Sensorineural hearing loss

Electrocardiographic tracings:

Asystole
 Atrial fibrillation
 Atrial flutter
 Atrioventricular block
 Bundle branch block
 Digitalis toxicity
 Myocardial infarction
 Pericarditis
 Premature atrial contractions
 Premature ventricular contractions

Sinus arrhythmia
 Ventricular fibrillation

FAMILIARIZE YOURSELF WITH THE TEST SITE

In-Training Examination

Each residency program provides the in-training examination at its institution. To adequately prepare, it is a good idea to find out where the test is going to take place and locate the room and nearby restrooms before the day of the test. It may also be important to listen for any distractions, such as nearby construction or loud traffic, which may be distracting during the test. In these situations, earplugs may be helpful. Weather is also a consideration. I remember distinctly in Rochester, Minnesota, where I did my residency, that we had a bad snowstorm the night before our in-training examination and many residents were late arriving at the test site; one of our residents who lived in a rural area did not make it at all. So, if the weather threatens, it may be wise to make arrangements for an alternative place to stay the night before the test. Other suggestions include arranging call schedules so that you are not on call the night before the test. On many rotations, there are residents in other fields who are not taking the test and could take call the night before the test. Think ahead and discuss this with your chief resident or supervising staff well in advance of the rotation. In most cases, your residency director will arrange this for you.

Board and Recertification Examinations

The certification and recertification examinations are usually given on the second Friday in July. These tests are given at specific locations across the United States and may require a significant amount of traveling to reach the location. You will receive an updated list of locations with your registration material. Remember that it is very important to register early to ensure that you get your first choice of location. The following are locations that have been used in the past (check with the ABFP for an update on current/future locations):

Alexandria, VA
 Anchorage, AK
 Atlanta, GA
 Bellevue, WA
 Chicago, IL—Downtown
 Chicago, IL—O'Hare
 Dallas, TX
 Denver, CO
 Dorado, PR
 East Brunswick, NJ
 Falls Church, VA
 Honolulu, HI

performance deleteriously. If your anxiety has adversely affected your performance in the past, you may want to consider a β -blocker to help reduce your anxiety. I would strongly suggest that you undergo a trial several times before you use them during the test to make sure you do not react adversely to them. But, in most cases, simple relaxation techniques, such as exercising, deep breathing, meditation, or biofeedback, can be used. Remember that a little anxiety is usually good for you and helps improve performance.

TIPS FOR THE ACTUAL TEST

Listen and Read the Instructions

Before each section, the proctors will usually explain the instructions, and there are directions and a sample question given for each section. Listen carefully to the instructions and ask questions if you do not understand something. In addition, take a minute to read the instructions and sample question before starting. Also, make sure you adequately color in your responses with a #2 pencil on the answer sheet, and make sure there are no stray marks on the answer sheet when you have completed the test. Another precaution is to make sure that at the end of each booklet there is a statement that the section has ended. A fellow resident of mine finished his test early and left only to discover there was a misprint, and he was missing two pages of the test.

Answer the Easiest Questions First

Start at the first question of the section and answer all the questions you can with reasonable certainty. If there is a difficult question you are unsure of, skip it, and return to it when you have finished the section. Don't spend an excessive amount of time on one question and risk not being able to answer easy questions at the end of the test because you ran out of time. Circle the questions you skip, and be very careful on the answer sheet that you skip the number you have omitted. It is an empty feeling when you get to the end of the answer sheet and realize you have answered in the wrong row for the last 50 questions. To help prevent this, I usually check the numbers of the questions in the test book to the number on the answer sheet each time I turn a page of the test booklet.

Check Your Pace

Throughout the test, you will receive reminders of the time. Pay attention to these reminders, and adjust your pace as necessary. Having your own watch is helpful. In

some situations, there may not be a clock available, but only announcements of how much time is left.

Guess If You Do Not Know the Answer

You are penalized only for an incorrect or unanswered question; therefore, all questions should be answered even if they require a guess. Remember that any answer is better than no answer. If you are unsure of an answer, try to narrow the options down to two or three selections and choose from them. Also, remember that if the question uses absolute terminology, such as always, never, all, or none, it usually is a false response. Very little in the world of medicine is absolute.

Review Your Answers

If time allows during the multiple-choice question section, review your work. There is an old saying that goes "you should always stick with your first impression." For a multiple-choice test, this is not always the case. If after further consideration you feel you need to change the answer, go ahead. For true-or-false questions, it is usually better to stick with your first answer.

Try to Anticipate the Answers

Before looking at the choices available for the answers, try to answer the question. Then see if your answer matches one of the selections given. This will allow more certain responses for questions and help to save time.

Do Not Read Extra Meaning into the Questions

The ABFP is not interested in structuring questions to try to outwit the test taker. Questions are designed to be fair and not have hidden agendas. Take questions literally and do not imply hidden meanings.

Above all, the most important thing to remember is to remain confident that you can perform well on the test. The mind can work miracles, and a positive attitude with confidence can be achieved with adequate preparation. Remember that a test gives you the opportunity to show what you know. Do not think of it as a test of what you do not know. Study and prepare yourself, and these tests will be nothing more than time away from your practice. Once the test has been completed, take some time to reward yourself (and your family) for the hard work you've done in preparation. After all, you deserve it!

Lippincott Williams & Wilkins (LWW) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

LWW designates this educational activity for a maximum of 15 hours in Category 1 credit toward the American Medical Association (AMA) Physician's Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in the educational activity.

Faculty credentials: Robert L. Bratton, M.D., is Assistant Professor of Family Medicine, Mayo Clinic Jacksonville, Jacksonville, Florida.

Faculty disclosure: The author discloses that he has no significant relationships or financial interests in any commercial companies pertaining to this educational activity.

Target audience: This continuing medical education (CME) activity is intended for family physicians.

Statement of needs: Each year, approximately 5,000 physicians take the American Board of Family Practice (ABFP) Certification Examination and Recertification Examination to obtain and keep Diplomate status (board certification). Recertification is required every 7 years, with the option to take the examination at 6 years. Although the test is not exceedingly difficult, there is a core body of knowledge that must be mastered and maintained to pass the examination. Approximately 3% to 5% of those taking the examination for the first time fail to pass. Failure to pass the examination can result in loss of Diplomate status at the ABFP. Increasingly, health maintenance organizations, hospitals, and other health care institutions are requiring board certification for employment and participation in health care plans. The purpose of this text is to prepare those who are about to sit for the certification, recertification, and in-training examination. The Family Practice Board Review covers major areas, including internal medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and geriatrics. This text gives the test taker a feel for the actual examination through the use of a similar format and similar topics covered. The CME credit earned from completion of this review allows the test taker the opportunity to report 15 hours of dedicated medical review time while preparing for the examination. Previous exercises have indicated value in the use of this CME activity to prepare for the Family Practice Board Review.

Learning objectives: After completing the Family Practice Board Review, the physician will be able to

- 1. Identify common presenting signs and symptoms of various disease processes that involve internal medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and geriatrics*
- 2. Recognize common skin lesions and their presentation and treatment*
- 3. Identify up-to-date immunization schedules*
- 4. Discuss optimal testing for age-adjusted health care maintenance and screening*
- 5. Recognize signs and symptoms of physical and sexual abuse*
- 6. Interpret common electrocardiogram rhythms*
- 7. Name risk factors for cardiovascular and cerebrovascular disease*
- 8. Select appropriate tests for the evaluation and treatment of common outpatient problems*
- 9. Discriminate between normal and abnormal physical findings*
- 10. Recognize presenting signs and symptoms of human immunodeficiency virus*

11. Properly treat hypertension, hyperlipidemia, and diabetes based on national guidelines
12. Recognize appropriate child development
13. Identify signs and symptoms of mental illness (e.g., depression, anxiety)
14. Identify substance abuse and treat it effectively
15. Recognize common diseases that affect the elderly and appropriate testing for this group

Method of physician participation: To earn CME credit, you must read or listen to the activity and complete the designated questions. Make a photocopy of the completed response sheet for your files and send the original response sheet, along with a \$20.00 processing fee, to Lippincott Williams & Wilkins, Office of Continuing Education, 530 Walnut Street, 2nd Floor East, Philadelphia, PA 19106; fax: (215) 521-8637. Only the first entry will be considered for credit and must be received by March 1, 2005. Acknowledgment will be sent to you within 6 to 8 weeks of participation.

Continuing Medical Education Activity Evaluation

Please take the time to help us continue to publish the most effective CME materials available. Your responses to this survey will provide us with information necessary to evaluate the content and effectiveness of this CME activity.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Specialty: _____

Activity: **Family Practice Board Review**

Date: _____

Please respond to the following questions:

1. Did the content of this activity meet the stated learning objectives?

☐ Yes ☐ No

2. On a scale of 1 to 5, with 5 being the highest, how do you rank the overall quality of this educational activity?

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

3. On a scale of 1 to 5, with 5 being the highest, how do you rank the effectiveness of this educational activity as it pertains to your practice?

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

4. Did you perceive any evidence of bias for or against any commercial products? If yes, please explain.

☐ Yes ☐ No

5. Please state one or two topics that you would like to see addressed in future enduring materials.

6. How long did it take you to complete this activity? ____ hours ____ minutes

Thank you.

Family Practice Board Review

Continuing Medical Education Response Sheet

To earn CME credit, you must read or listen to the activity and complete the designated questions. Make a photocopy of the completed response sheet for your files and send the original response sheet, along with a \$20.00 processing fee, to Lippincott Williams & Wilkins, Office of Continuing Education, 530 Walnut Street, 2nd Floor East, Philadelphia, PA 19106; fax: (215) 521-8637.

Name:	19. A B C D E	52. A B C D E	85. A B C D E	118. A B C D E
_____	20. A B C D E	53. A B C D E	86. A B C D E	119. A B C D E
Address:	21. A B C D E	54. A B C D E	87. A B C D E	120. A B C D E
_____	22. A B C D E	55. A B C D E	88. A B C D E	121. A B C D E
_____	23. A B C D E	56. A B C D E	89. A B C D E	122. A B C D E
Phone:	24. A B C D E	57. A B C D E	90. A B C D E	123. A B C D E
_____	25. A B C D E	58. A B C D E	91. A B C D E	124. A B C D E
E-mail:	26. A B C D E	59. A B C D E	92. A B C D E	125. A B C D E
_____	27. A B C D E	60. A B C D E	93. A B C D E	126. A B C D E
Date:	28. A B C D E	61. A B C D E	94. A B C D E	127. A B C D E
_____	29. A B C D E	62. A B C D E	95. A B C D E	128. A B C D E
Please circle the correct answer.	30. A B C D E	63. A B C D E	96. A B C D E	129. A B C D E
Part 1 Multiple-Choice Questions	31. A B C D E	64. A B C D E	97. A B C D E	130. A B C D E
Internal Medicine	32. A B C D E	65. A B C D E	98. A B C D E	131. A B C D E
1. A B C D E	33. A B C D E	66. A B C D E	99. A B C D E	132. A B C D E
2. A B C D E	34. A B C D E	67. A B C D E	100. A B C D E	133. A B C D E
3. A B C D E	35. A B C D E	68. A B C D E	101. A B C D E	134. A B C D E
4. A B C D E	36. A B C D E	69. A B C D E	102. A B C D E	135. A B C D E
5. A B C D E	37. A B C D E	70. A B C D E	103. A B C D E	136. A B C D E
6. A B C D E	38. A B C D E	71. A B C D E	104. A B C D E	137. A B C D E
7. A B C D E	39. A B C D E	72. A B C D E	105. A B C D E	138. A B C D E
8. A B C D E	40. A B C D E	73. A B C D E	106. A B C D E	139. A B C D E
9. A B C D E	41. A B C D E	74. A B C D E	107. A B C D E	140. A B C D E
10. A B C D E	42. A B C D E	75. A B C D E	108. A B C D E	141. A B C D E
11. A B C D E	43. A B C D E	76. A B C D E	109. A B C D E	142. A B C D E
12. A B C D E	44. A B C D E	77. A B C D E	110. A B C D E	143. A B C D E
13. A B C D E	45. A B C D E	78. A B C D E	111. A B C D E	144. A B C D E
14. A B C D E	46. A B C D E	79. A B C D E	112. A B C D E	145. A B C D E
15. A B C D E	47. A B C D E	80. A B C D E	113. A B C D E	146. A B C D E
16. A B C D E	48. A B C D E	81. A B C D E	114. A B C D E	147. A B C D E
17. A B C D E	49. A B C D E	82. A B C D E	115. A B C D E	148. A B C D E
18. A B C D E	50. A B C D E	83. A B C D E	116. A B C D E	149. A B C D E
	51. A B C D E	84. A B C D E	117. A B C D E	150. A B C D E

151. A B C D E	190. A B C D E	229. A B C D E	268. A B C D E	14. A B C D E
152. A B C D E	191. A B C D E	230. A B C D E	269. A B C D E	15. A B C D E
153. A B C D E	192. A B C D E	231. A B C D E	270. A B C D E	16. A B C D E
154. A B C D E	193. A B C D E	232. A B C D E	271. A B C D E	17. A B C D E
155. A B C D E	194. A B C D E	233. A B C D E	272. A B C D E	18. A B C D E
156. A B C D E	195. A B C D E	234. A B C D E	273. A B C D E	19. A B C D E
157. A B C D E	196. A B C D E	235. A B C D E	274. A B C D E	20. A B C D E
158. A B C D E	197. A B C D E	236. A B C D E	275. A B C D E	21. A B C D E
159. A B C D E	198. A B C D E	237. A B C D E	276. A B C D E	22. A B C D E
160. A B C D E	199. A B C D E	238. A B C D E	277. A B C D E	23. A B C D E
161. A B C D E	200. A B C D E	239. A B C D E	278. A B C D E	24. A B C D E
162. A B C D E	201. A B C D E	240. A B C D E	279. A B C D E	25. A B C D E
163. A B C D E	202. A B C D E	241. A B C D E	280. A B C D E	26. A B C D E
164. A B C D E	203. A B C D E	242. A B C D E	281. A B C D E	27. A B C D E
165. A B C D E	204. A B C D E	243. A B C D E	282. A B C D E	28. A B C D E
166. A B C D E	205. A B C D E	244. A B C D E	283. A B C D E	29. A B C D E
167. A B C D E	206. A B C D E	245. A B C D E	284. A B C D E	30. A B C D E
168. A B C D E	207. A B C D E	246. A B C D E	285. A B C D E	31. A B C D E
169. A B C D E	208. A B C D E	247. A B C D E	286. A B C D E	32. A B C D E
170. A B C D E	209. A B C D E	248. A B C D E	287. A B C D E	33. A B C D E
171. A B C D E	210. A B C D E	249. A B C D E	288. A B C D E	34. A B C D E
172. A B C D E	211. A B C D E	250. A B C D E	289. A B C D E	35. A B C D E
173. A B C D E	212. A B C D E	251. A B C D E	290. A B C D E	36. A B C D E
174. A B C D E	213. A B C D E	252. A B C D E	291. A B C D E	37. A B C D E
175. A B C D E	214. A B C D E	253. A B C D E	292. A B C D E	38. A B C D E
176. A B C D E	215. A B C D E	254. A B C D E	Pediatrics	39. A B C D E
177. A B C D E	216. A B C D E	255. A B C D E		40. A B C D E
178. A B C D E	217. A B C D E	256. A B C D E		41. A B C D E
179. A B C D E	218. A B C D E	257. A B C D E		42. A B C D E
180. A B C D E	219. A B C D E	258. A B C D E		43. A B C D E
181. A B C D E	220. A B C D E	259. A B C D E		44. A B C D E
182. A B C D E	221. A B C D E	260. A B C D E		45. A B C D E
183. A B C D E	222. A B C D E	261. A B C D E		46. A B C D E
184. A B C D E	223. A B C D E	262. A B C D E		47. A B C D E
185. A B C D E	224. A B C D E	263. A B C D E		48. A B C D E
186. A B C D E	225. A B C D E	264. A B C D E		49. A B C D E
187. A B C D E	226. A B C D E	265. A B C D E		50. A B C D E
188. A B C D E	227. A B C D E	266. A B C D E		51. A B C D E
189. A B C D E	228. A B C D E	267. A B C D E		52. A B C D E

- | | | | | |
|---------------|--------------------------------------|---------------|-------------------|---------------|
| 53. A B C D E | 92. A B C D E | 21. A B C D E | 60. A B C D E | 8. A B C D E |
| 54. A B C D E | 93. A B C D E | 22. A B C D E | 61. A B C D E | 9. A B C D E |
| 55. A B C D E | 94. A B C D E | 23. A B C D E | 62. A B C D E | 10. A B C D E |
| 56. A B C D E | 95. A B C D E | 24. A B C D E | 63. A B C D E | 11. A B C D E |
| 57. A B C D E | 96. A B C D E | 25. A B C D E | 64. A B C D E | 12. A B C D E |
| 58. A B C D E | 97. A B C D E | 26. A B C D E | 65. A B C D E | 13. A B C D E |
| 59. A B C D E | 98. A B C D E | 27. A B C D E | 66. A B C D E | 14. A B C D E |
| 60. A B C D E | 99. A B C D E | 28. A B C D E | 67. A B C D E | 15. A B C D E |
| 61. A B C D E | 100. A B C D E | 29. A B C D E | 68. A B C D E | 16. A B C D E |
| 62. A B C D E | 101. A B C D E | 30. A B C D E | 69. A B C D E | 17. A B C D E |
| 63. A B C D E | 102. A B C D E | 31. A B C D E | 70. A B C D E | 18. A B C D E |
| 64. A B C D E | 103. A B C D E | 32. A B C D E | 71. A B C D E | 19. A B C D E |
| 65. A B C D E | 104. A B C D E | 33. A B C D E | 72. A B C D E | 20. A B C D E |
| 66. A B C D E | 105. A B C D E | 34. A B C D E | 73. A B C D E | 21. A B C D E |
| 67. A B C D E | 106. A B C D E | 35. A B C D E | 74. A B C D E | 22. A B C D E |
| 68. A B C D E | 107. A B C D E | 36. A B C D E | 75. A B C D E | 23. A B C D E |
| 69. A B C D E | 108. A B C D E | 37. A B C D E | 76. A B C D E | 24. A B C D E |
| 70. A B C D E | 109. A B C D E | 38. A B C D E | 77. A B C D E | 25. A B C D E |
| 71. A B C D E | Obstetrics and
Gynecology | 39. A B C D E | 78. A B C D E | 26. A B C D E |
| 72. A B C D E | 1. A B C D E | 40. A B C D E | 79. A B C D E | 27. A B C D E |
| 73. A B C D E | 2. A B C D E | 41. A B C D E | 80. A B C D E | 28. A B C D E |
| 74. A B C D E | 3. A B C D E | 42. A B C D E | 81. A B C D E | 29. A B C D E |
| 75. A B C D E | 4. A B C D E | 43. A B C D E | 82. A B C D E | 30. A B C D E |
| 76. A B C D E | 5. A B C D E | 44. A B C D E | 83. A B C D E | 31. A B C D E |
| 77. A B C D E | 6. A B C D E | 45. A B C D E | 84. A B C D E | 32. A B C D E |
| 78. A B C D E | 7. A B C D E | 46. A B C D E | 85. A B C D E | 33. A B C D E |
| 79. A B C D E | 8. A B C D E | 47. A B C D E | 86. A B C D E | 34. A B C D E |
| 80. A B C D E | 9. A B C D E | 48. A B C D E | 87. A B C D E | 35. A B C D E |
| 81. A B C D E | 10. A B C D E | 49. A B C D E | 88. A B C D E | 36. A B C D E |
| 82. A B C D E | 11. A B C D E | 50. A B C D E | 89. A B C D E | 37. A B C D E |
| 83. A B C D E | 12. A B C D E | 51. A B C D E | 90. A B C D E | 38. A B C D E |
| 84. A B C D E | 13. A B C D E | 52. A B C D E | Psychiatry | 39. A B C D E |
| 85. A B C D E | 14. A B C D E | 53. A B C D E | 1. A B C D E | 40. A B C D E |
| 86. A B C D E | 15. A B C D E | 54. A B C D E | 2. A B C D E | 41. A B C D E |
| 87. A B C D E | 16. A B C D E | 55. A B C D E | 3. A B C D E | 42. A B C D E |
| 88. A B C D E | 17. A B C D E | 56. A B C D E | 4. A B C D E | 43. A B C D E |
| 89. A B C D E | 18. A B C D E | 57. A B C D E | 5. A B C D E | 44. A B C D E |
| 90. A B C D E | 19. A B C D E | 58. A B C D E | 6. A B C D E | 45. A B C D E |
| 91. A B C D E | 20. A B C D E | 59. A B C D E | 7. A B C D E | 46. A B C D E |