

Why I Wrote the New Royal College General Internal Medicine Exam: Redefining Our Identity and Revalidation

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About the Author

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Summary

In 2010, the Royal College of Physicians and Surgeons of Canada (RCPSC) recognized General Internal Medicine (GIM) as a distinct subspecialty. Soon after this recognition came a new written certification exam, the successful completion of which awards the applicant the title of General Internist. For those of us who trained prior to the new status and examination, GIM was the default designation after four years of internal medicine training if a subspecialty was not pursued. What does this new subspecialty status mean for our professional identity, qualifications, and public credibility? Twelve years after my successful completion of the Internal Medicine (IM) certification exams, I voluntarily applied for consideration to write the first RCPSC exam in GIM, without a clear reason why. My reflection on the days leading up to the exam and writing the exam itself led me to understand why I did it. The process addressed my skepticism around designating GIM as a unique subspecialty, and through this I have come to appreciate the need for our profession to embrace revalidation.

I had to be patient. If I didn't allow my eyes to wander, I could briefly catch a glimpse of one taking the jump. I saw three: amazing. I had never seen the salmon run before, nor did I know it was in my backyard. For 16 years I lived in this city in two separate spans of my life. Only today did I take a walk along the Humber River and witness the salmon run, thanks to a chance encounter with our course administrator who taught me about this yearly ritual. It was a welcome distraction from the weight of anxiety about the exam I was here to write in less than 24 hours. I checked myself into the Old Mill for a quiet night's sleep. My kids thought it was the most curious thing that their mom was studying. After all, I had already finished university and had a job. Why would I need to study? I spent the last few months trying to explain why I would voluntarily subject myself to hours of studying, missing precious hours at the pool or on the lake during family vacation time.

Last year, I submitted my application to write the first Royal

College of Physicians and Surgeons of Canada (RCPSC) General Internal Medicine (GIM) certification exam. I was a true skeptic. I did not buy into the idea that GIM was unique from Internal Medicine (IM), so how could there be a valid exam distinguishing the two specialties? "You should write the exam," was the advice from my senior colleague in the upper echelons of our college. I perceived a conflict of interest. Or was it a warning that ultimately my career and billings would depend on having this new designation of General Internist to validate my credentials? No one knew. But I do know that I won't do something "just because." Nor did I believe I would suddenly lose my job because I didn't have the new certification. If I did not write and pass, however, I would have to order new business cards that reflected my new identity, dropping the "General" from General Internist. However, if my family and friends are any indication, my patients are equally unaware of the distinction between IM and GIM, and so whether I would

lack credibility with the public was doubtful.

My professional identity is a subject I have thought a lot about since the new subspecialty designation. What makes my knowledge and skills unique from other subspecialists who occasionally practice GIM? I took it as a challenge to find out. I begrudgingly completed the 15-page application for credentials assessment, justifying that the last decade of attending on an academic clinical teaching unit and directing the internal medicine clerkship at my site qualified me for taking the GIM exam. I read through the 22-page objectives and identified areas of knowledge gaps; some of these were because my practice does not include maternal medicine and critical care and some because of the natural evolution of medical information in topics such as new oral diabetes medications, novel oral anticoagulants, updated guidelines, Choosing Wisely campaign recommendations, etc. I realized this was an opportunity to review my knowledge since the time I completed my residency. I will openly confess I enjoyed it. I made study notes. I learned some new things and remembered others that I knew but hadn't used in over a decade. I realized that some skills I have and use daily I had assumed everyone had, but they are indeed unique to GIM. I felt smarter with my trainees. And I convinced myself the objectives of the GIM exam covered a knowledge base distinct from the core internal medicine exam.

That day by the river, watching the salmon run, I was extremely anxious. I didn't have enough time to cover all the material I wanted. I neglected critical care. What if I didn't pass? What if my writer's cramp was psychosomatic and I become unable to write out answers from fear of failure? What if I am really an imposter? Somehow, the surprise salmon at the river made me forget this anxiety.

When the time came and I lined up to register, I saw many familiar faces, including trainees I had worked with, administered practice oral exams for, and now lined up with to write their subspecialty exams. "Dr. Abdullah? What are you doing here?" It was uncomfortable, for sure. How do I explain that I did actually pass my exams 12 years ago, that I was a legitimate internist, and that I wasn't deceiving them? "I'm writing the GIM exam; it's new." "No, not everyone is doing this." "Why? I don't know why I'm writing."

"You're brave," was one response reminiscent of my colleagues' comments when they found out my crazy plan. Am I the only one? I was relieved to see three other brave colleagues of mine from another hospital, eagerly waiting in line behind me, pencil cases in hand.

It was a long exam. My writer's cramp crept up at the end of three hours. I was tired of writing, not anxious. The pragmatic exam was actually a great synopsis of everyday practice. There

were some ridiculously easy questions and one or two complete write-offs, but the majority were good questions. I left feeling a sense of professional and personal accomplishment. I now know the real answer to why I did it. I had ignored opinions that I didn't need to study for this exam, mostly out of fear of failure. After writing, I have no doubt I would have passed without studying, but for me the goal was not simply to pass; it was voluntary revalidation.

As adult learners, I don't see it as problematic for an exam to drive our learning; it is essential. If it is a well-written exam that tests what we should know, then what better way to periodically evaluate our knowledge and ensure we remain up to date? I agree with Levinson:¹ Canada should follow the American model of revalidation for all physicians every 10 years. Canada does not yet have an external revalidation process for physicians. Although there are many potential tools that could be implemented into clinical practice, the most we have for our specialty is our college maintenance of certification program, which relies on self-assessment. Writing the GIM exam could be just one component of a more comprehensive recertification program for GIM. Similar to the American Board of Internal Medicine exams, it would bring us one step closer to a legitimate revalidation process that the public deserves.

Word has spread. The residents now come to ask, "Wow, did you really do it?" They think it is remarkable that their attending would study and write another RCPSC exam. We can all be great role models of true lifelong learning, setting periodic personal learning objectives, and not fearing revalidation.

My kids still look forward to doing homework because mommy will be sitting down with them studying, too. I have set new objectives for the next year and it has become a part of daily life. Until I retire, there will always be the next patient who is unique, and I will learn something new from them. And just maybe, along the way, I will learn something interesting and unrelated, like I did with the salmon run. I can say with confidence to my patients and trainees, that I am a General Internist.

References

1. Levinson W. Revalidation of physicians in Canada: are we passing the test? *CMAJ* 2008;179:979–80.