

Fear and loathing in Ottawa: the Royal College Fellowship Examination

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Three thousand one hundred seventy-nine: that's how many pages are found in *Rosen's Emergency Medicine: Concepts and Clinical Practice*, and that's what I have to learn in the dying months of my final year of training. I look longingly at the mere 2016 pages of *Tintinalli's Emergency Medicine*. It seems shorter, until I realize I have to know that too. After all, I am a Royal College Emergency Medicine resident.

The Royal College of Physicians and Surgeons of Canada was established in 1929 by Parliament in an effort to oversee medical training in Canada.¹ In the late 1800s and early 1900s, specialists' training consisted of spending time in hospitals in Europe or the United States.² William Osler spent 2 years in Europe to complete the postgraduate training that followed his 4 years at Toronto Medical College and McGill University.³ The first few years of fellowship testing in Canada were tough. In the first year, no one passed, and from 1932 to 1944, the pass rate was 50%. At the time, obtaining fellowship status meant you had practised in Canada for at least 3 years. It was intended to identify specialists with academic distinction. It was similar to the current program for general internists, rather than broken into subspecialties. In 1947, training requirements were altered to include a rotating internship, 2 years in an academic centre and 2 years of additional training that included a combination of clinical duties and basic science education.² Emergency medicine produced its first specialists in Canada in 1983 with its first Royal College written examination. It was preceded 1 year earlier by the first examination offered by the Canadian College of Family Physicians to its 1-year emergency medicine diplomates.⁴

All this does nothing to calm the fears of this upcoming year. Like many of my colleagues, I follow a study sched-

ule that asks me to read 200 pages of infectious diseases material in 1 week. I decided on a 5-year Royal College Fellowship because I loved the field of emergency medicine. I wanted to know all I could and I wanted to be the best trained I could possibly be. The motivation is the same irrespective of which training program a resident chooses. Each of us seeks to become the new leaders of emergency medicine, and more importantly, to pass the exam.

I realize in starting my final approach to completing my residency, however, that I am part of something longstanding and historical. I have spoken to my colleagues in other residency programs and they all have the same feelings. This is a grand tradition. A tradition of feeling that there is not enough time to know all the material. A tradition of those who have gone ahead of you telling you those words you hate to hear: "You'll be fine." And that same feeling that all of us have felt and some of us have voiced: "I'm not as smart as I look!"

With unresolved fear driving me, I fill up my Starbucks card to prepare for an 8-month stretch in the library. I'm sure when they ask me how to manage the 50-year-old, HIV-positive, pregnant transplant patient who crashed her scooter into a tanker truck transporting wild pufferfish after being bitten by a brown recluse spider, I'll be able to answer. After all, they tell me I'll be fine.

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