

ABD EXAM OF THE FUTURE

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Most of you are aware that the American Board of Dermatology is in the midst of planning changes to the certifying exam. Some information about these changes was emailed recently to program directors, program administrators, and those on the APD list serve.

EXAM OF THE FUTURE

- PURPOSE
- STRUCTURE
- TIMETABLE
- EXAMS AND FAQs
- SURVEY
- FOCUS GROUPS

In this talk, I'll cover briefly the purpose and structure of the exam of the future, a timetable for implementation, and then discuss the specific components in more detail along with addressing some frequently asked questions. After this meeting, a survey will be sent out to program directors for opinions and feedback, and then we have asked a consultant to interview some of you in focus groups to gather even more detailed information and feedback.



The Exam of the Future is not set in stone. Much has yet to be determined, and we welcome your input.

WHY MAKE A CHANGE?

- The current certifying exam emphasizes visual diagnosis and knowledge base. These are important, but there are many other important aspects of clinical competence.
- Residents may focus on memorizing facts at the expense of refining their diagnostic and management skills.
- The fundamental goal is to make the certifying exam a better test of clinical competence. Preparing for the exam should align with preparing to be an excellent dermatologist.

ATTRIBUTES OF COMPETENCE

- Acquire knowledge base.
- Take directed history and assess physical findings.
- Generate a realistic differential dx.
- Obtain additional information when necessary.
- Synthesize information to determine most likely dx.
- Form a management plan.
- Communicate with patient and care team.
- Evaluate effectiveness of plan and modify if needed.
- Manage complications.
- Practice in an ethical manner.

There are many characteristics of clinical competence. A goal of the Exam of the Future is to more comprehensively assess these characteristics.

EOTF TIERED STRUCTURE

- Learn the basics.
- Acquire more advanced knowledge.
- Apply knowledge appropriately in clinical situations.

In acquiring competence, one learns the basics of the field, acquires more advanced knowledge, and then learns to apply the knowledge appropriately in clinical situations.

EXAM OF THE FUTURE STRUCTURE

BASIC EXAM – fundamental knowledge and skills that should be obtained by the end of year 1

CORE EXAM – modular exam emphasizing knowledge base that should be obtained during years 2 and 3

APPLIED EXAM – replaces the current certifying exam
– ability to apply knowledge at the level of an independent practitioner

The Exam of the Future is based upon this stepwise process.

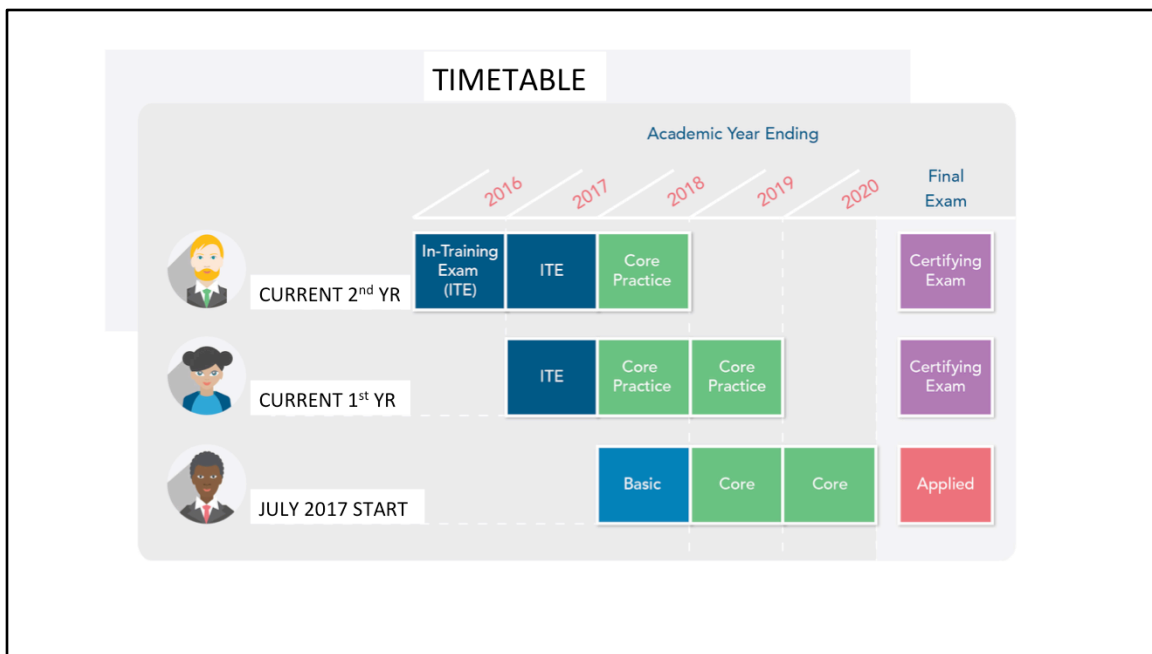
EXAMPLES OF ITEMS FOR STAGED EXAMS

BASIC: Visual recognition of classic dermatomyositis:
Image of Gottron papules and periungual telangiectasia.
What is the most likely diagnosis?

CORE: Knowledge base: Which of the following
autoantibodies is specific for dermatomyositis?

APPLIED: Image of 5-year-old with classic Gottron
papules and heliotrope rash. What evaluation is
appropriate at the initial visit? E.g., would you bx?

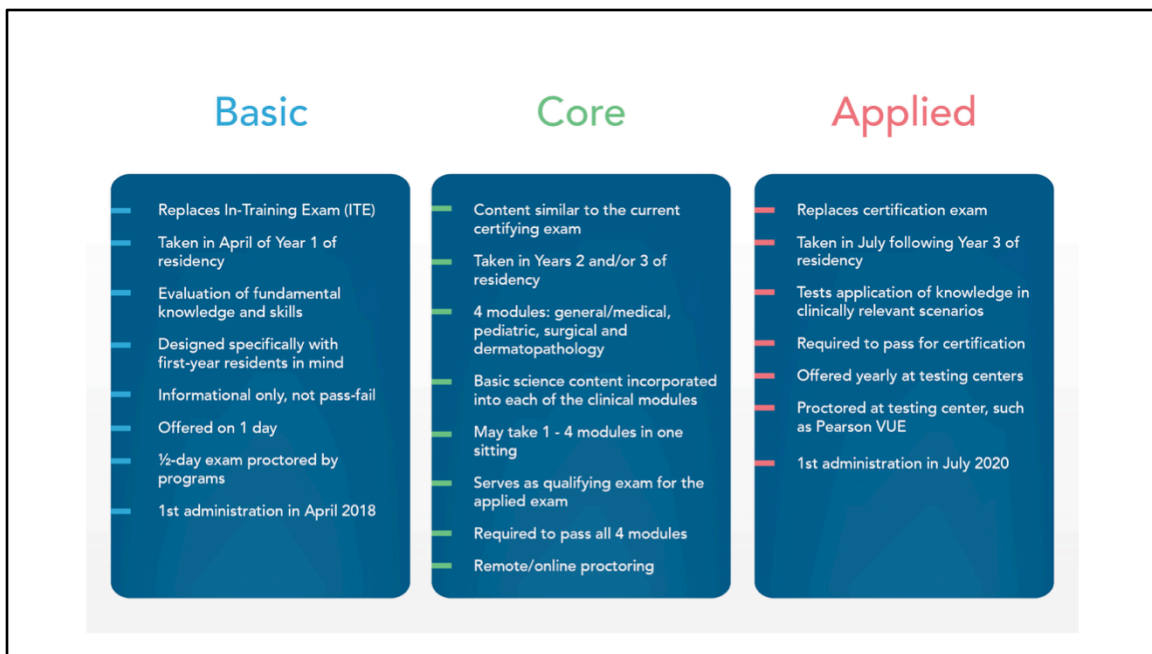
Here are some examples of the types of questions that may appear on each of these different exams.



The Exam of the Future begins in academic year 2017-2018, with the residents who start their dermatology training in July 2017. Those residents will take the BASIC exam in the spring of their first year, the CORE modules in their second and third years, and the APPLIED exam after they have qualified by graduating from residency and passing the CORE.

The last ITE is the spring of 2017. Those residents who are currently first and second years will not have the ITE in 2018 or 2019, but will have CORE practice modules, which are functionally equivalent to ITE but administered somewhat differently.

Please note that the current certifying exam contains one section of applied knowledge questions.



This graphic was previously sent by email to the APD list serve. In subsequent slides, I'll go over each of these exams in turn and address FAQs.

The BASIC Exam

- Tests fundamental knowledge that residents should have by the end of their first year of dermatology training
- Not pass/fail
- Identify at-risk residents relatively early in training
- Provide a benchmark
- Independent, third-party assessment for PDs
- Administration similar to ITE: Half-day computer-based exam, single day in April, given at and proctored by programs

The BASIC Exam

- How does the BASIC exam differ from the In-Training Exam?
- Why shouldn't residents have to pass the BASIC?
- Why is it planned for April?
- How will my residents and I know what to expect?
- What information will I receive about my residents' performance?

- The BASIC exam is designed specifically for evaluation of the first-year resident. The ITE was not designed for a specific level of residency and served in part as practice for the certifying exam.
- The recommendation not to require passing the BASIC came after some debate. There was concern that residents in some programs may not have much exposure to pediatric dermatology, dermatopathology, or surgery during the first year. Even though the subspecialty questions are designed to test fundamentals, it might be problematic to ask these in a high-stakes venue. There was also a sentiment that it may be too stressful for residents to have a high-stakes exam early in training.
- Even though the exam is low-stakes, there was concern that an earlier date might be too stressful for residents. Also, residents may not have had enough clinical experience to be adequately prepared for the exam. If the exam is in May or June, feedback may not be available in time for the residents' yearly evaluations. March or April thus seemed like the best months, although scheduling will need to take into account religious holidays and the AAD annual meeting.
- A content outline will be published. A committee is working on an initial draft of the content outline.

The CORE Modules

- MEDICAL / GENERAL
- PEDIATRIC
- SURGICAL
- DERMATOPATHOLOGY

Related basic science content is incorporated into each module.

75-100 questions/module; ~2 hours/module

The four CORE modules are listed in this slide. Basic science is not a separate module, but rather basic science content will be incorporated into each of the clinical modules. It is anticipated that the modules will be 75-100 questions each and likely take 1.5 – 2 hours per module to complete.

The CORE Modules

- All four modules must be passed in order to qualify for the APPLIED exam.
- Modules are available at multiple times during residency, affording concentration on a particular content area.
- Administration is via online proctoring. A computer with videocam and microphone is required. The exam can be taken wherever there is a quiet room with no distractions and a fast internet connection.
- Virtual dermpath will replace glass slides.

- One purpose of the CORE is to help ensure that residents attain a minimum level of competence in each of the major subspecialties of dermatology. Thus, all four modules must be passed.
- It is intended that modules are made available on several occasions through residency. That way, residents can focus on one or two areas at a time and perhaps learn the material more durably.
- Residents will have more than one chance to take and pass the modules during residency. The number of opportunities offered is a subject discussed in a subsequent slide.
- ABD offers online (“remote”) proctoring for its MOC exam, and has now had a few years of experience with this means of exam administration. It has been determined that this is the most practical way to administer the CORE modules.
- It is impractical to use glass slides in this type of exam administration. Virtual dermatopathology will replace glass slides. This means that candidates will no longer have to travel to Tampa in order to take the glass slide exam.

The CORE Modules

- Can an individual graduate from residency without having passed all the CORE modules? **Yes!**
- What happens to residents who have not passed all the CORE modules prior to graduation from residency? **The CORE modules will be offered to them after graduation. They will have to pass the CORE to qualify for the APPLIED. Their status is Board Eligible.**
- What feedback will program directors receive? **Similar to current feedback provided from the ITE**
- Can residents take the modules ad lib, or will the modules be offered on specific days? **Specific days**

- Passing the ABD CORE qualifying exam is a completely separate process from graduating from residency. The decision about the individual's competence to graduate from residency is a decision of the program and program director, based on ACGME standards. Individuals may graduate from residency without having passed all the CORE modules.
- Although administering modules via online proctoring theoretically could mean that residents could take the CORE modules whenever they wish, there are psychometric and practical constraints, discussed on the next slide.

CONSTRAINTS

- The more frequently the exam is offered, the more “forms” (different versions) of the exam there need to be. The more forms there need to be, the more questions have to be written.
- American Board of Medical Specialties COCERT (Committee on Certification)

For the purpose of psychometric validity and exam security, giving the exam on a single day is ideal. The concern about giving the exam ad lib or on successive days is that residents in the same program could trade off information. That is, if one resident took pediatrics on Monday and surgery on Tuesday, and another resident did the opposite, they could collaborate to improve their scores. A way around this problem is to give a different but equivalent form of the exam on successive days. The latter option allows more flexibility to programs and examinees but requires a larger number of questions to be written. The more days on which the exam is offered, the more exam forms are needed.

The American Board of Medical Specialties’ Committee on Certification also requires that the Member Boards’ exams pass the standards of psychometric validity.

YOUR INPUT, PLEASE

- How many chances should a resident have to pass during residency? [If not passed during residency, they will still be able to take CORE modules after they graduate.]
- How often should the modules be offered (e.g., q 3 mos., q 6 mos.)?
- Can a resident take more than one module at a time?
- What is the earliest time during residency that someone can take the CORE?
- Should modules be offered on weekdays or weekends?

- Options range from having an opportunity every 3 months for 7 tries to having an opportunity every 6 months for 3 tries. More frequent opportunities may encourage residents not to take a module until they feel prepared for it. However, it may also encourage residents to take modules just for practice, and that can have a substantial negative impact on the ability of our volunteer item writers to produce a sufficient number of new questions.
- One viewpoint is if a resident is truly prepared to take all 4 modules, then it is appropriate to give that person a chance to pass all 4 and move on to preparing for the APPLIED exam. A counter viewpoint is that allowing residents to take all four modules at a time may keep them from focusing on and mastering specific areas and/or place too much of their attention on studying for all the modules and not enough on their clinical duties.
- The upcoming program directors' survey will solicit input about number of chances, frequency of offerings, timing during residency, and days on which CORE modules are offered.

HYPOTHETICAL CORE EXAM SCHEDULES

7 chances, modules offered on 7 occasions

OR

3 chances, modules offered on 7 occasions

Oct -Yr2	Jan -Yr2	Apr -Yr2	Jul -Yr3	Oct -Yr3	Jan -Yr3	Apr -Yr3
MED	MED	MED	MED	MED	MED	MED
PATH	PATH	PATH	PATH	PATH	PATH	PATH
PED	PED	PED	PED	PED	PED	PED
SURG	SURG	SURG	SURG	SURG	SURG	SURG

3 chances, modules offered on 3 occasions

Jan -Yr2	Jul -Yr3	Jan -Yr3
MED	MED	MED
PATH	PATH	PATH
PED	PED	PED
SURG	SURG	SURG

Here are hypothetical schedules for the CORE modules presented in graphic form. These are not the only possible options. These are being presented to help visualize how the CORE schedules might be laid out. In the upper scheme, the modules are offered every 3 months during most of the second and third years of dermatology residency. In this scheme, residents could, for example, take all 4 modules every 3 months until they pass them. Theoretically, that would be 7 tries to pass each module. Or, if the number of chances during residency were limited, say to 3, but modules were offered every 3 months, the resident could choose particular times to take one or more modules. This scheme provides a lot of flexibility for the resident, but is more challenging from an exam development standpoint to develop all those different forms of the exam, especially if the resident has 7 tries to pass. In the lower schedule, the modules are offered less frequently. There are pros and cons to each type of schedule.

The APPLIED Exam

Tests application of knowledge in clinical scenarios.

- How can I prepare my residents for the APPLIED exam?
- How is it determined which answers are correct and which are not?
- Where will the exam be given?
- When will the exam be given?
- What feedback will I receive about my (graduated) residents' performance?

- The intent is that preparing for the APPLIED exam aligns with preparing to be a good doctor. Residents should read about their patients and learn from their own clinical experiences, and carefully observe more seasoned practitioners. Reviewing and discussing clinical guidelines can also be helpful. Discussing diagnosis, evaluation, and management concerning a particular patient, as one might do in a CPC, is excellent preparation.
- One way answers may be determined to be correct is that there is supporting evidence base. Another way is by consensus of a committee. Many items will fall into the latter category. Our process for determining consensus starts with sending each item to the committee members for their independent review. They actually take the items as a test without knowing the answers. If all of the committee independently agree, for example, that ____ is the correct diagnosis, the item is probably a good item. If there is lack of consensus, the item will be discussed at the in-person meeting and revisions made if needed. If the committee doesn't reach consensus, the item may not be used.
- It is anticipated that the exam will be given once yearly in July at test centers such as Pearson VUE.
- Feedback to program directors will be similar to what they currently receive from