AMERICAN BOARD OF UROLOGY UPDATE

GERALD H JORDAN
EXECUTIVE SECRETARY
AMERICAN BOARD OF UROLOGY

Definitions

- **Certification:** A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in that specialty.

- **Accreditation:** A voluntary process of evaluation and review performed by a non-governmental agency of peers.

http://www.acgme.org/acWebsite/about/ab_ACGMEglossary07_05.pdf

ABBREVIATIONS

ABMS	American Board of Medical Specialties (Coordinating organization of the legitimate medical Boards)
ABU	American Board of Urology
RRC	Residency Review Committee (Evaluates residency training)
ACGME	Accreditation Council for Graduate Medical Education (sponsors the RRCs)
FSMB	Federation of State Medical Boards

ABMS

- Established in 1933
- A not-for-profit organization that assists with the development and implements professional standards for the Board Certification of medical specialists.
- The Board Certification Process is recognized as the highest health care industry standard for assessing a physician’s knowledge, experience and skills within a medical specialty.

Origin of ABMS Member Boards

- American board of Opthamology – 1917
- American Board of Otolaryngology – 1924
- American Board of Obstetrics and Gynecology – 1930
- American Board of Dermatology – 1932
- American Board of Pediatrics – 1933
- American Board of Radiology – 1934
- American Board of Psychiatry and Neurology – 1934
- American Board of Orthopaedic Surgery – 1934
- American Board of Colon and Rectal Surgery – 1934
- American Board of Urology – 1935
- American Board of Pathology – 1936
- American Board of Internal Medicine – 1936
- American Board of Anesthesiology – 1937
- American Board of Plastic Surgery – 1937
- American Board of Surgery - 1937
- Now 24 total legitimate medical boards

MISSION of the ABU

To act for the benefit of the public to insure high quality, safe, efficient, and ethical practice of Urology by establishing and maintaining standards of certification for urologists.

ABU: HISTORY AND ORGANIZATION

- 12 trustees serve six-year (staggered) terms
- Trustees are appointed by the AUA, AAGUS, AACU, ACS, SAU, and the conjoined committee of the AAP/SPU
- All are practicing urologists
- From private practice and academic backgrounds
- Work in all corners of the US
- Trustees are not compensated and spend at least 4 to 6 weeks per year working on board related functions

American Board of Urology
Trustees 2015-2016

- President: J. Christian Winters, M.D.
- Executive Secretary: Gerald H. Jordan, M.D. (ex officio)
- Vice-President: Kevin R. Loughlin M.D., MBA.
- President-Elect: H. Ballentine Carter, M.D.
- Secretary-Treasurer: Stephen Y. Nakada, M.D.
- Immediate Past President: Ian M. Thompson Jr., M.D.
- Continuing Certification Chair: Michael L. Ritchey, M.D.
  - Mark S. Austenfeld, M.D.
  - Roger R. Dmochowski, M.D.
  - Fred E. Govier, M.D.
  - Douglas A. Husmann, M.D.
  - David B. Joseph, M.D.
  - Joel B. Nelson, M.D.
  - Eila C. Skinner, M.D.
  - Hunter B. Wessells, M.D

ABU

The American Urological Association is a professional membership organization committed to promoting the highest standards of urological clinical care through education, research, and in the formulation of health care policy. Urologists may join the AUA and pay membership dues.

A urologist may only become a Diplomate of the ABU by successfully completing the required urologic training and the certification examinations administered by the American Board of Urology.

THE CERTIFICATION PROCESS

- Qualifying (Part 1) Examination
- Certifying (Part 2) Examination
  - Assessment of clinical practice
    - Practice logs (6 months)
    - Peer review
- Certification must be achieved within 6 years of the successful completion of residency – now officially designated the period of “board eligibility”

THE QUALIFYING EXAM: FORMAT

- A COMPUTER-BASED FORMAT ADMINISTERED AT NEARLY 200 PEARSON VUE TESTING CENTERS ACROSS THE US
- THE EXAM IS USUALLY GIVEN ON CHOICE OF TWO DAYS DURING LAST WEEK OF JULY
- THE EXAM IS COMPOSED OF 300 QUESTIONS: EACH HAS A STEM, A CORRECT ANSWER , AND FOUR DISTRACTERS.
  - 200 Qualifying Exam Questions
  - 100 Field Test Questions
- ALMOST ALL CANDIDATES ARE ABLE TO DRIVE TO A TEST CENTER ON THE DAY OF THE EXAM -- SAVING AIRFARE, HOTEL COSTS, AND MEAL EXPENSES

STANDARD SETTING/BENCHING

- NORM-REFERENCED TESTING
- CRITERION-REFERENCED TESTING
  - MUST MEET MINIMUM STANDARD

PSYCHOMETRICS

- FOCUS ON:
  - ITEM EVALUATION
  - TEST ASSEMBLY
  - BENCHMARKING
  - EQUATING SCORES
  - RELIABILITY
  - VALIDITY

EVALUATING ITEMS

- ITEM ANALYSIS TO EVALUATE ITEMS
  - P-VALUES
  - POINT-BISERIAL CORRELATIONS
  - DISTRACTOR ANALYSIS

ITEM ANALYSIS

- P-VALUES
  - PROPORTION OF EXAMINEES THAT ANSWERED ITEM CORRECTLY
    - RANGES FROM 0 TO 1
  - SHOWS DIFFICULTY OF ITEM
  - WANT ITEMS THAT ARE WITHIN A CERTAIN RANGE OF DIFFICULTY
    - TYPICALLY BETWEEN .4 AND .7

ITEM ANALYSIS

- POINT-BISERIAL CORRELATIONS
  - CORRELATION OF ITEM RESPONSES TO OVERALL TEST RESPONSES
    - RANGES FROM -1 TO 1
  - SHOWS RELATIONSHIP OF ITEM TO TEST
    - IF EXAMINEES DO WELL ON TEST, THEY SHOULD DO WELL ON ITEM
    - IF EXAMINEES DO POORLY ON TEST, THEY SHOULD DO POORLY ON ITEM
    - IF THIS IS NOT THE CASE, SUGGESTS SOMETHING MAY BE WRONG WITH ITEM
  - IF POINT-BISERIAL IS NEGATIVE, IT SUGGESTS THERE IS SOMETHING WRONG WITH THE ITEM
  - BEST TO HAVE ITEMS WITH POINT-BISERIAL CORRELATIONS OF .2 OR ABOVE

ITEM ANALYSIS

- DISTRACTOR ANALYSIS
  - WANT ITEMS WHERE ALL DISTRACTORS ARE BEING USED
  - THIS IS INDICATIVE OF HAVING ‘GOOD’ DISTRACTORS
  - IF NO ONE IS SELECTING A DISTRACTOR, REDUCES THE UTILITY OF MULTIPLE-CHOICE QUESTION
  - IF AN INCORRECT DISTRACTOR DRAWS A HIGH PERCENTAGE OF EXAMINEES, SUGGESTS ITEM MAY BE PROBLEMATIC
  - HOW MANY DISTRACTORS?
    - 4
      - TOTAL OF FIVE OPTIONS

ITEM ANALYSIS

- DISTRACTOR ANALYSIS
  - WANT DISTRACTORS TO HAVE NEGATIVE POINT-BISERIAL CORRELATION
    - INDICATES HIGH PERFORMERS ARE NOT SELECTING IT, WHILE LOW PERFORMERS ARE
    - IF DISTRACTOR HAS A HIGH POINT-BISERIAL, COULD BE AN INDICATOR OF A PROBLEM

EQUATING

- STANDARDS SET EVERY 5-7 YEARS FOR EXAMS
  - “BENCHING”
  - EVALUATE ITEM DIFFICULTY
  - COMPARE TO EXPECTED ABILITY
  - SET STANDARD
- IN BETWEEN YEARS ----WHEN STANDARD SETTING DOES NOT OCCUR?
  - MUST EQUATE THESE EXAMS TO THE BENCHMARK EXAM
  - ENSURES THE PASSING SCORE IS EQUIVALENT OVER TIME

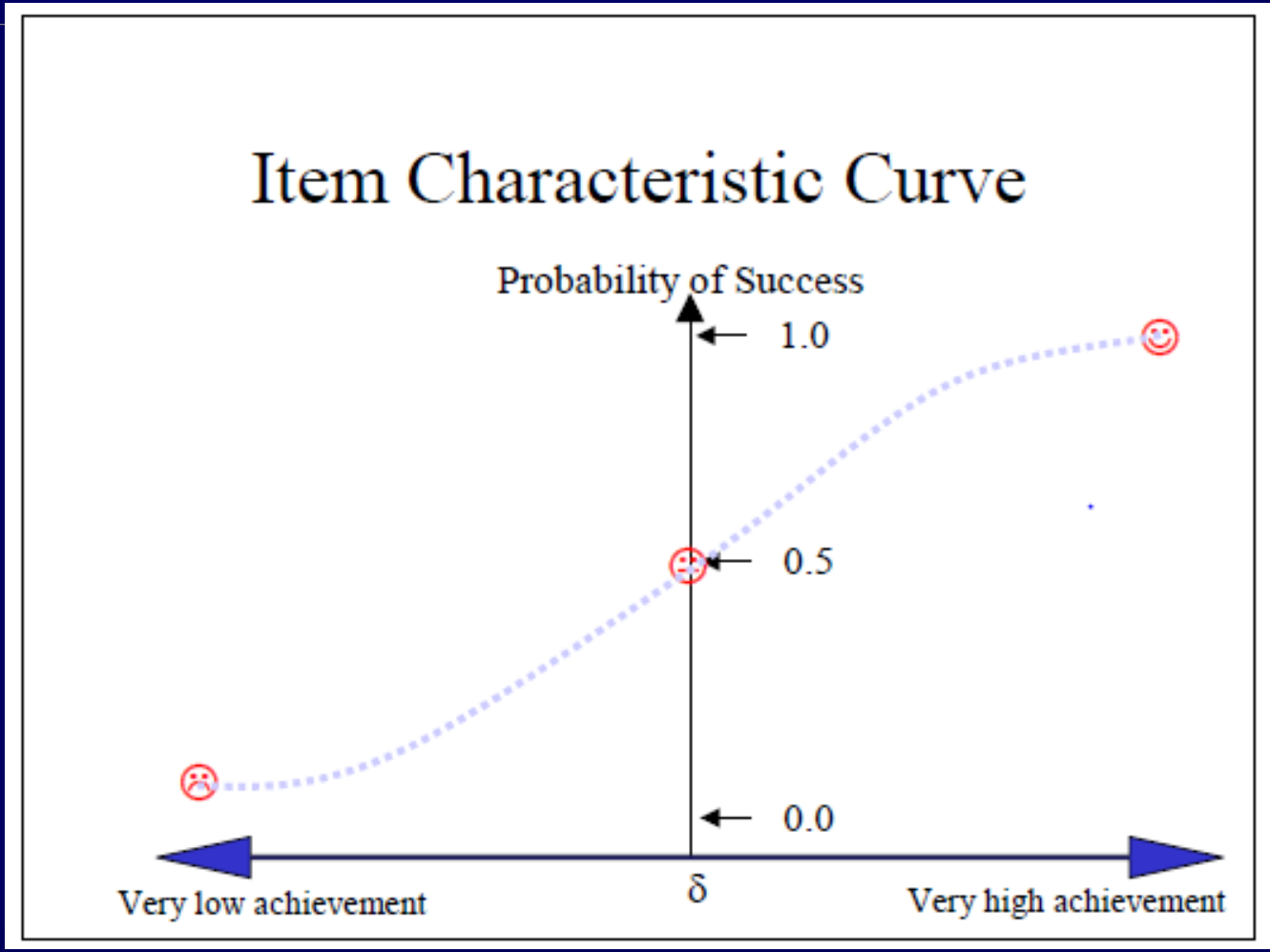
EQUATING

- HOW DO WE COMPARE PERCENT CORRECTS ACROSS DIFFERENT EXAMS?
- HOW DO WE ENSURE THAT THE PASSING SCORE IS EQUIVALENT OVER TIME/ACROSS EXAMS?
  - USE ANCHOR ITEMS ACROSS EXAMS
  - COMPARISON OF COMMON/UNIQUE ITEMS ALLOWS INFERENCES ABOUT DIFFICULTY OF EXAM/ABILITY OF EXAMINEES

EQUATING

- USE RASCH MODELING
- EXAMINEE ABILITY AND ITEM DIFFICULTY ARE COMPARED (SAME SCALE)
  - LOGIT SCALE
  - WHAT IS A LOGIT?
    - LOG ODDS
    - ODDS
    - PROBABILITY

EQUATING

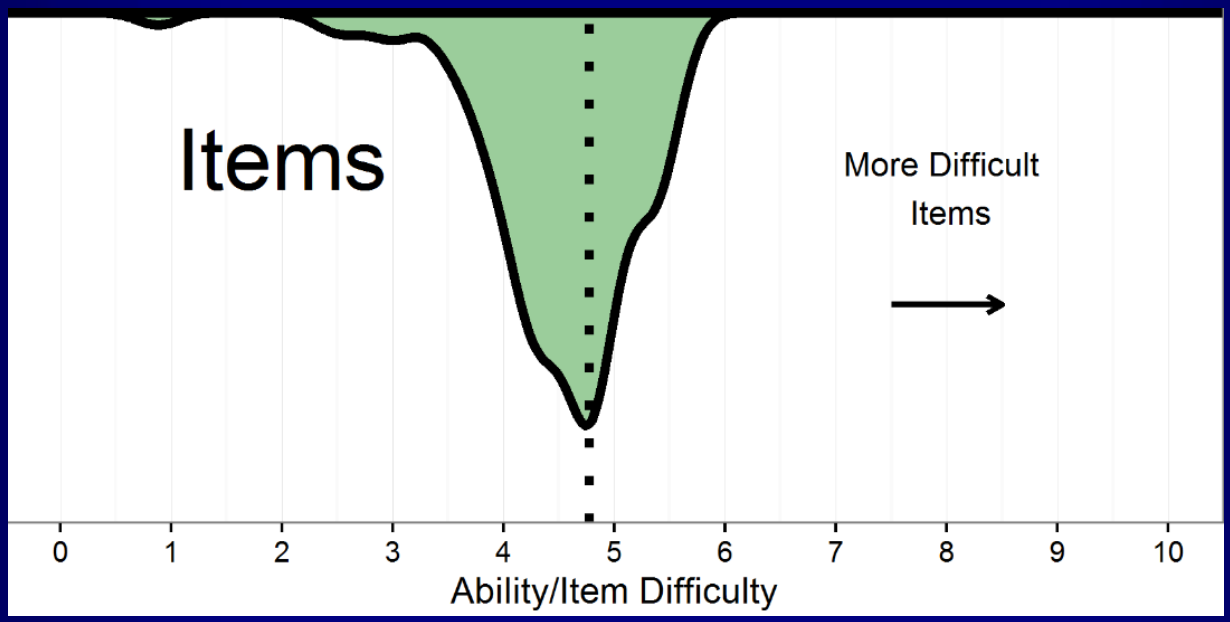


- Wu & Adams, 2007

EQUATING

- PROBABILITY OF SUCCESS= ABILITY-DIFFICULTY
- ESSENTIALLY, THE PROBABILITY OF SUCCESS ON ITEM IS DEPENDENT ON THE EXAMINEE'S ABILITY VS. THE DIFFICULTY OF THE ITEM
- ITEMS ARE PLACED ON A SCALE OF DIFFICULTY FROM 1 TO 10
- EXAMINEE ABILITY IS THEN DETERMINED IN RELATION TO PROBABILITY OF SUCCESS ON ITEMS

ITEM DIFFICULTY



EXAMINEE ABILITY

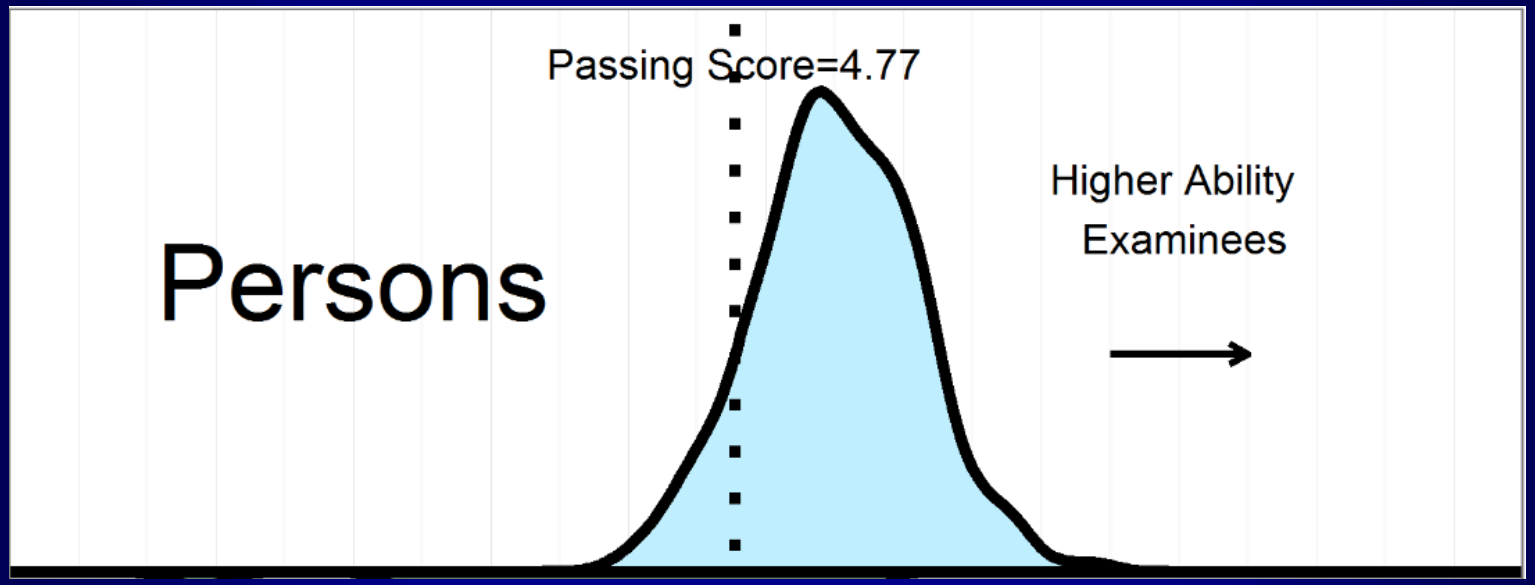


Figure 1: Wright Map of Candidates and Items Measures

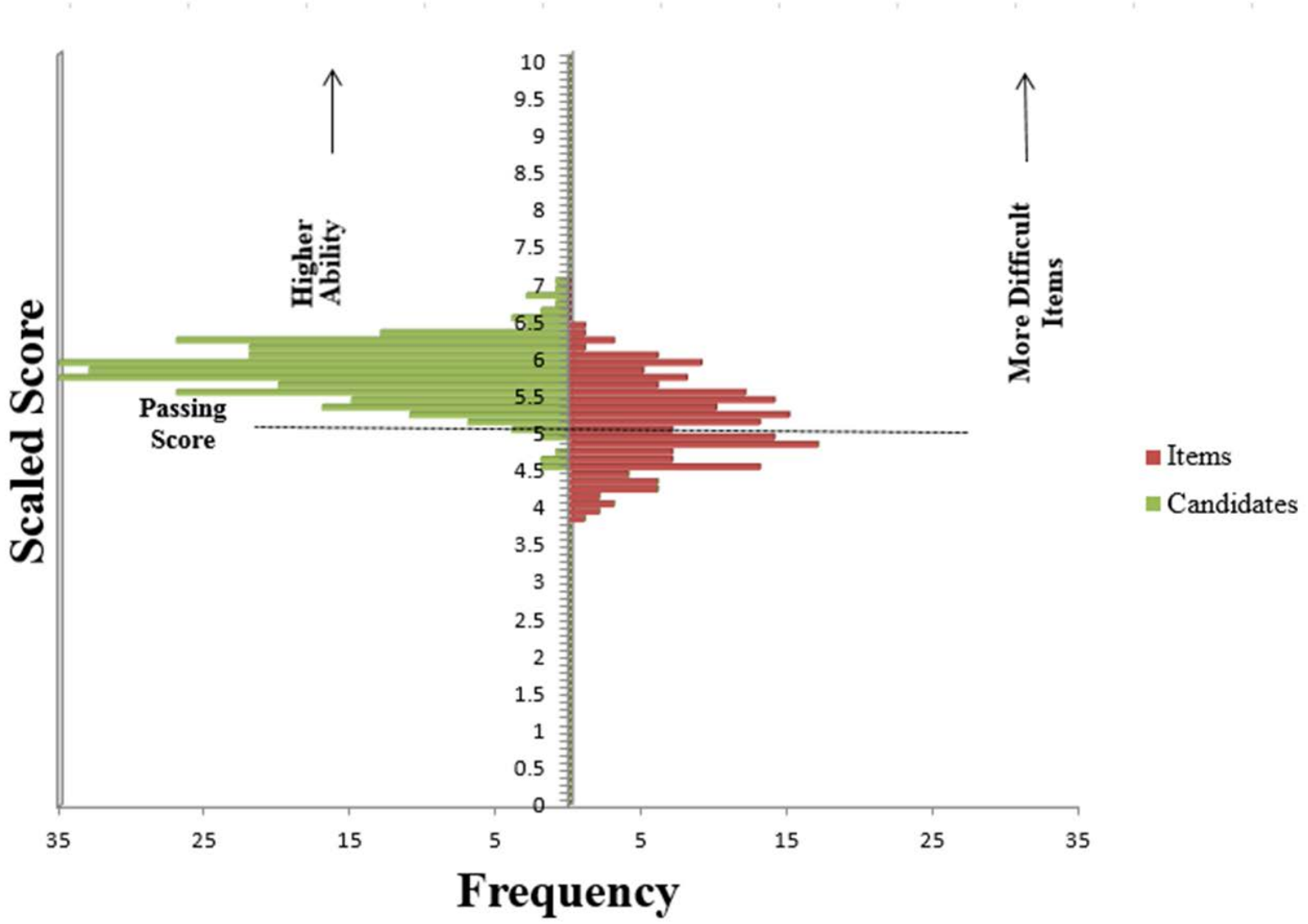
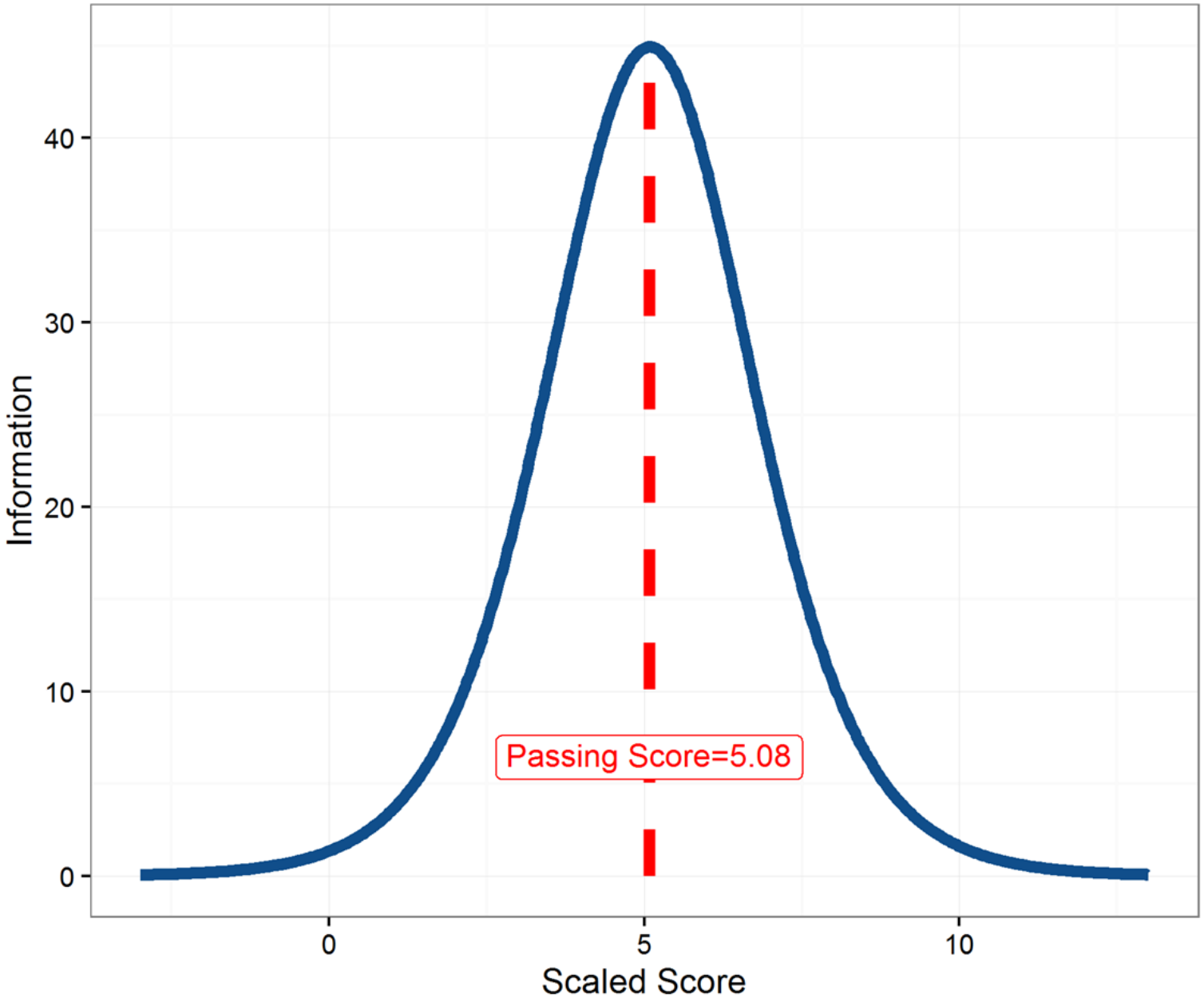


Figure 2: 2016 QE Test Information Function



TESTING PROCESS

- DEFINE CONTENT DOMAIN
- CREATE TEST BLUEPRINT
- WRITE ITEMS
- REVISE ITEMS
- ASSEMBLE TEST
- SET STANDARD/BENCH
- ADMINISTER EXAMS
- EVALUATE QUESTIONS
- IF NECESSARY, EQUATE
- FINALIZE SCORING

Qualifying Exam (Part 1) -- National Results

YEAR	TOTAL # CANDIDATES	PASS/FAIL TOTALS	%PASS	%FAIL
2006	278	269 / 30	88	12
2007	285	244 / 34	91	9
2008	278	259 / 26	88	12
2009	294	246 / 32	91	9
2010	283	267 / 27	90	10
2011	301	256 / 27	90	10
2012	303	271 / 30	93	7
2013	294	282 / 21	93	7
2014	317	273 / 21	94	6
2015	308	278 / 19	94	6
2016	321	321 / 11	97	3

In2016
96% of first-time candidates passed the exam
62% of repeat candidates passed the exam

Qualifying Exam (Part 1) -- National Results

YEAR	TOTAL # CANDIDATES	PASS/FAIL TOTALS	%PASS	%FAIL
2005	299	269 / 30	90	10
2006	278	244 / 34	88	12
2007	285	259 / 26	91	9
2008	278	246 / 32	88	12
2009	294	267 / 27	91	9
2010	283	256 / 27	90	10
2011	301	271 / 30	90	10
2012	303	282 / 21	93	7
2013	294	273 / 21	93	7
2014	317	278 / 19	94	6
2015	308	289 / 19	94	6

In 2015
97% of first-time candidates passed the exam
33% of repeat candidates passed the exam

CERTIFYING EXAM PREREQUISITES

- 16 months in stable practice
- Unrestricted medical license in the state where in practice & hospital privileges
- Favorable peer and log review
- Review & approval of professional responsibility action history

CERTIFYING EXAM PREREQUISITES

- Approved practice log
  - Six months of all office visits, all hospital, ambulatory care, & hospital / office procedures for each facility where you practice – (log is annualized)
  - Logs must be submitted electronically
  - If a log raises concerns, the Credentials Committee may ask for clarification, an interview, defer the candidate, or (rarely) require a site visit
  - Recertification candidates, MOC candidates, and subspecialty certification candidates must submit a similar 6 month log

CERTIFYING EXAM: PURPOSE

- To determine the candidate's ability to gather information relevant to a clinical problem
- To determine the candidate's ability to manage the problem effectively
- To determine the candidate's ability to react in a timely fashion to complications
- To determine the candidate's ability to act in an ethical and professional manner

CERTIFYING EXAM PROCESS

- Each candidate is examined by two different examiners
- Each candidate examined on three protocols per day
- Each candidate given five scores on each protocol

- The scores are assigned to one of four categories:
  - Diagnosis/Differential Diagnosis
  - Management
  - Complications/Follow-up
  - Overall Ability
- This new system increases the precision of the grading process by giving multiple scores in four categories
- The examiners are blind to the name, training, part one score, peer review, practice pattern, and location of the candidate

CERTIFYING EXAM PROCESS

- Protocols have approximately 10 questions
- This seeks to avoid undue emphasis or de-emphasis of a given subject
- Each protocol thus generates 12 data points
- The data points are then analyzed in almost the same fashion as is a multiple choice exam
- The “5 scores” allow for better spread of the scores

Excellent
Satisfactory
Marginal
Substandard
Unsatisfactory

- This system is benchmarked, and in addition the system allows for the examiners to also be “graded” -- RASCH MODEL

Certifying Exam (Part 2/Oral) -- National Results

YEAR	TOTAL # CANDIDATES	PASS/FAIL TOTALS	%PASS	%FAIL
2005	262	249 / 13	95	5
2006	227	211 / 16	93	7
2007	283	257 / 26	91	9
2008	271	249 / 22	92	8
2009	251	233 / 18	93	7
2010	250	234 / 16	94	6
2011	258	237 / 21	92	8
2012	268	239 / 29	89	11
2013	288	263 / 25	91	9
2014	267	243 / 24	91	9
2015	280	241 / 39	86	14
2016	311	291 / 20	94	6

In 2016
263/273 first time takers passed (96%)
28/38 repeat takers passed (74%)

MOC Requirements	Level 1 (year 2)	Level 2 (year 4)	Level 3 (year 6)	Level 4 (years 8-9)
Complete application online	yes	supplemental application	supplemental application	supplemental application
ABU office verify licensure	yes	yes	yes	yes
ABU office complete peer review		yes		yes
Candidate: Complete online Practice Assessment Protocol	yes	yes	yes	yes
Candidate: Submit documentation of 90 hours of CME		yes		yes
* Candidate: Complete Patient Safety Module (*proposed implementation in 2013)			yes	
* Candidate: Complete Ethics Module (*proposed implementation in 2013)			yes	
Candidate: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

MOC Requirements	Level 1 (year 2)	Level 2 (year 4)	Level 3 (year 6)	Level 4 (years 8-9)
Complete application online	yes	supplemental application	supplemental application	supplemental application
ABU office verify licensure	yes	yes	yes	yes
ABU office complete peer review		yes		yes
Candidate: Comp Assessment				yes
Candidate: Subm CME				yes
* Candidate: Com (*proposed i				
* Candidate: Complete Ethics Module (*proposed implementation in 2013)			yes	
Candidate: Submit 6 month electronic practice log				yes
Candidate: Computer-based closed-book exam				yes

Why an Exam ?

•It is a mandate of the ABMS

•Exam represents a reproducible and verifiable entity,

that can be reported to the public as an indicator of competence

Subspecialty Certification

- Intent: ABMS policy that recognition of subspecialty certification should be primarily for individuals who are devoting a major portion of their time and effort to that restricted special field.
- Subspecialty certification should only be granted after education and training in addition to that required for general certification in the discipline.

Subspecialty certification does not restrict the ability of a board certified MD from practicing within the Domain of his/her Certification.

For example: The intent is not to restrict a Urologist from any Peds / FPMRS procedure

ABMS: 2004 Annual Report and Reference Handbook

Current Subspecialty Certification in Urology

- Pediatric Urology
- Female Pelvic Medicine and Reconstructive Surgery – cosponsored with ABOG

Competency Threshold

Least Competent **Most Competent**

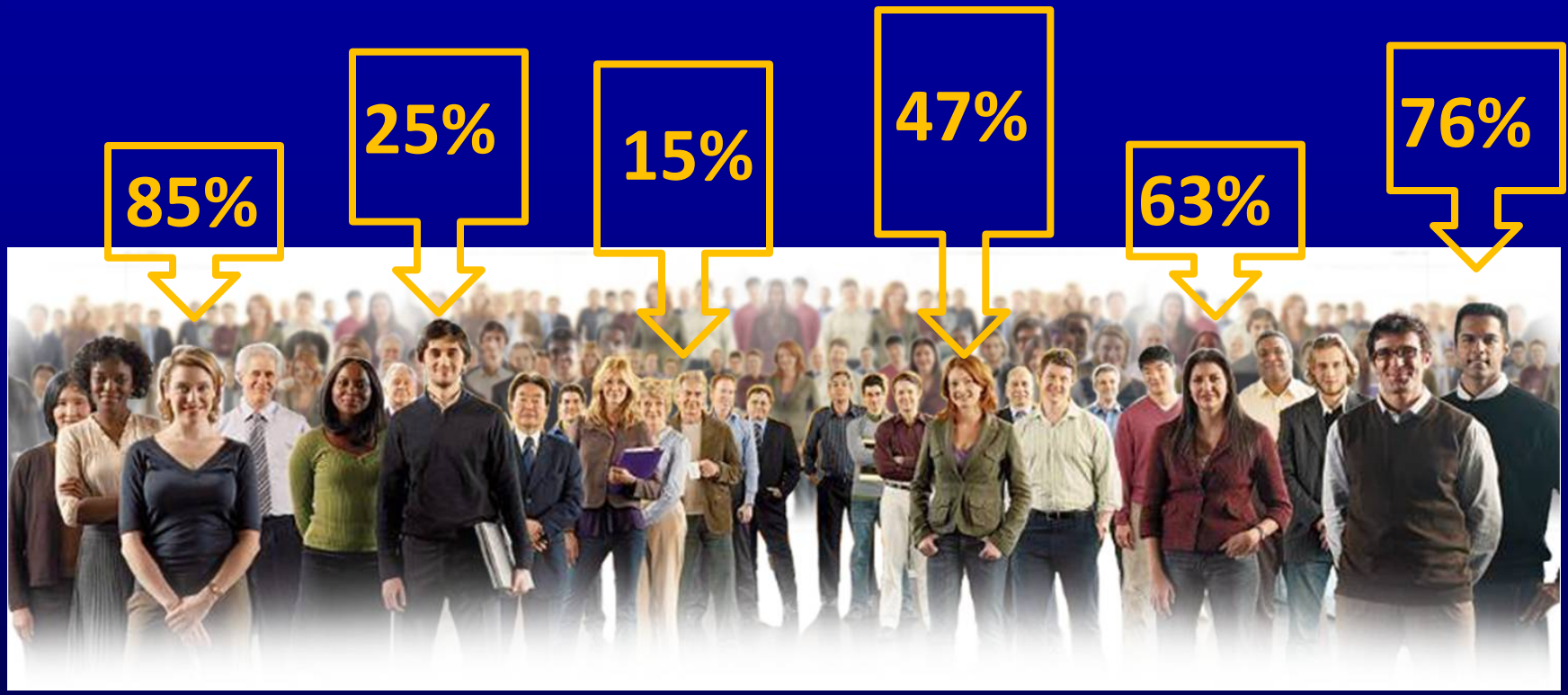
Pass Point

Competency Threshold

Least Competent **Most Competent**

Pass Point

Norm-Referenced Testing



Purpose of our Exams

- Assess Competence
  - **QE / PSCE / FPM-RSCE**
  - **CE (ORAL EXAM)**
- Assess Knowledge
  - Programs
  - Residents
    - **ISE / OKAT**
- Educate
  - **SASP**
  - **PSASP**

2016 ISE Results

• Pre Uro	(N=179)	Mean 49%	45%
• Urol - 1	(N =345)	Mean 60%	56%
• Urol – 2	(N= 341)	Mean 69%	63%
• Uro – 3	(N= 316)	Mean 73%	67%
• Chief:	(N=339)	Mean 74%	69%
• TOTAL:	1520	Mean 66.5%	63%

ISE: Chairs and Program Directors
(Take Home Message)

- Not meant to flunk individuals from residency but to show resident weakness - are they gaining competence
  - Watch for serial improvement through the years desire a raw score > 70% as chief
- Aid residents to study weak areas
- Aid program directors in educational efforts

2016 OKAT

160 participants

- 92 fellows
- 68 staff
- 103 item exam - scored 95

- Mean score: 68.8%

Who scored higher fellows or staff?

	Mean % Correct
Fellows	64
Non Fellows	67

*

ABU WEB SITE www.abu.org

- Review of the certification process
- Review of the recertification process
- All application forms (can download)
- Handbooks for certification and recertification
- Newsletters
- List of trustees and officers
- Contact information
- Links to the abms
- New portal in development, will feature “dashboard” for all diplomates


THE AMERICAN BOARD OF UROLOGY
AUA
AAGUS ACS
SUU AACU
AAP
Inc 1935