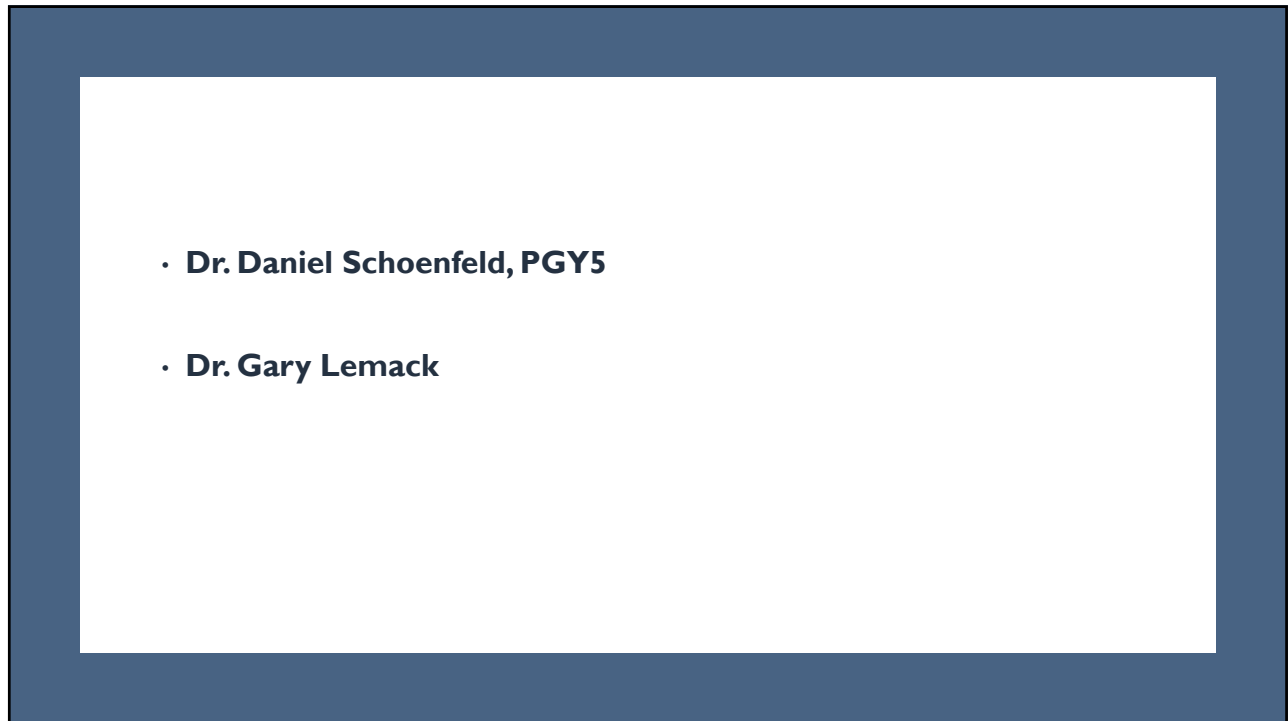


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The American Board of Anesthesiology's Standardized Oral Examination for Initial Board Certification

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James P. Rathmell, MD,§ Mark T. Keegan, MB, BCh,† Rupa J. Dainer, MD,|| Thomas M. McLoughlin Jr, MD,¶
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Anesthesia & Analgesia 2019

“Despite the use of oral exams by some ABMS member boards. There are no published descriptions of how these examinations are developed, administered, and scored.”

3

KEY QUESTIONS



Are there differences in pre-requisites, delivery systems, content, and outcomes across procedural fields?



What are common principles or best practices?

4

METHODOLOGY

Developed a standardized questionnaire and conducted structured, virtual interviews.

9 Specialties Included:

- Urology
- Anesthesia
- General Surgery
- OB/GYN
- OHNS
- Ophthalmology
- Orthopedics
- Plastic Surgery
- Neurosurgery

5

KEY TOPIC DOMAINS

- Structure and Administration
- Content Development
- Examination Pre-requisites
- Examiners
- Exam Scoring
- Feedback
- Assessments and Outcomes

6

Table 1. Exam structure/ administration

Specialty	Structure	Time	How often	Locations
Anesthesia	2 sessions, each with 3 modules.	Two 35-minute sessions with 20-minute prep before first session and 10-minute prep before second session.	6 weeks a year	Raleigh, NC
Neurosurgery	3 sessions, each with 5 cases.	Three 45-minute sessions, with 10-15 minute breaks.	Twice a year	Virtual
OBGYN	3 sessions, each split into 2 components.	Three one-hour sessions, 10-15 minute breaks when virtual	4 weeks a year	Dallas, TX
OHNS	1 session with 10 protocols.	One 90 minute session	Once a year	Virtual
<u>Ophtho</u>	3 appointments, each with 14 cases	Three 50-minute sessions, with 10	Once a year, with an alternate	Virtual

7

EXAM STRUCTURE
&
ADMINISTRATION

- All programs were at least temporarily virtual during the pandemic
- 4/9 Conduct virtual examinations at the time of this study
 - Neurosurgery, OHNS, Ophtho, Surgery
- 1-3 hours of content testing time, split into 2-4 sessions with breaks in between
- 4/9 only offer the oral board once per year
- All fields have candidates meet with multiple examiners (anywhere from 4-8)- most in a 2:1 ratio

8

EXAMINATION PRE-REQUISITES

- 3/9 require peer evaluations as pre-requisite
- All require passing written boards
- 4/9 require minimum case number prior to sitting for oral boards (between 35-125)
 - Some require consecutive cases
 - OB/GYN: Specific case specifications 20 OB and 20 GYN
 - Plastic Surgery: Do not count "minor" cases toward 50 case count
- 3/9 require minimum amount of time in practice prior to sitting for boards regardless of volume



9

CONTENT DEVELOPMENT

- **General topics:**
 - Topics span the breadth of a specialty
 - Pre-operative eval/indication/diagnosis/work-up; image interpretation; intraoperative/surgical approach; post-operative care; complication management
 - Methods of evaluating communication and professionalism varied

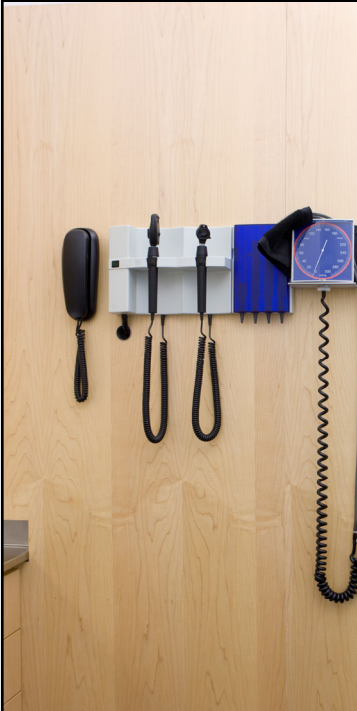
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CONTENT DEVELOPMENT

- 4/9 use case logs to develop questions
 - Explain various components of the care they have delivered as attending physicians
 - Discuss the factors contributing to certain clinical complications

11




CONTENT DEVELOPMENT

Objective Structured Clinical Examination (OSCE)

- 2/9 (GU and Anesthesia) have an OSCE
 - GU interviewing actors
 - Anesthesia only board that currently has an applied skills station
 - specifically obtaining US image with need for interpretation
- Most others have no plans for OSCE

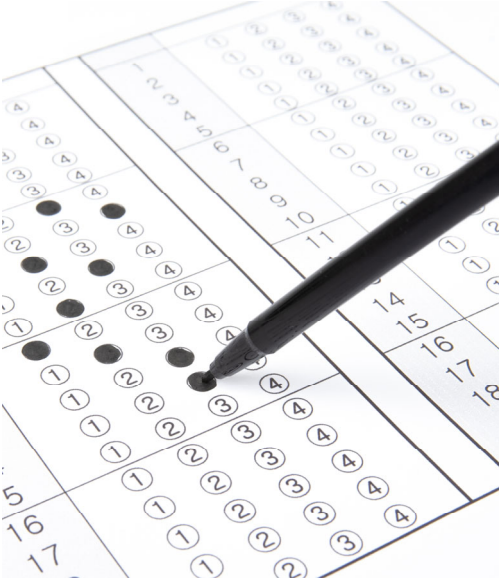
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EXAMINERS

- 4/9 allow for volunteers from community of practice to become examiners, while the others have internal nomination process through committee or board of trustees
- Some fields match the sub-specialization of the examiner to examinee
- *Majority Practices:*
 - Active monitoring of examiners either by co-examiners or independent auditors
 - Pair new and senior examiners
 - Provide implicit bias training for examiners
 - Promote diverse examiner pool

13



EXAM SCORING

- Evaluated by multiple examiners
- Specific grading template, with a scale, is utilized
 - Variable incorporation of examiner subjective assessment
- Variability in handling scoring discrepancies between examiners
- All specialties rely on one or more psychometricians

14

ASSESSMENTS AND OUTCOMES



Most reported no change in passage rates when converting to virtual platform



Passage rates exceed 80% for all fields



The minority of fields give detailed written performance feedback to all examinees



Many fields have extensive discussions/ remediation programs for those who fail

15

BEST PRACTICES/ UNIQUE TRENDS

- **Consecutive case logs**
- **Specialized examiners for sub-specialists with point to include emergencies all practicing physicians in each field must be able to handle**
- **Detailed report to examinees/ examiners regarding their relative performance**
- **Formal assessment of professionalism/communication**
- **Unclear if minimum number of cases and/ or time to exam to use as pre-requisite**
- **Diverse group of examiners with ability for volunteerism**

16



CONCLUSIONS

- Master document can inform the oral board delivery process moving forward
- Can serve a framework to guide innovation and standardization

17



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18