

# 2012 Report of the Joint Council on Anesthesiology Examinations to the Society of Academic Anesthesiology Associations

**Cynthia A. Lien, M.D.**

Chair, Joint Council

Weill Cornell Medical College

New York, NY 10021

# Joint Council Members

## **ABA Representatives**

Douglas Coursin

Deborah Culley

John Emhardt

Cynthia Lien (Chair)

Manuel Pardo

Andrew Patterson

David Warner

## **ASA Representatives**

Sylvia Dolinski

Robert Gaiser (Vice Chair)

Jerome Klafta

Donald Martin

Roger Mecca

Anthony Passanante

Paul Ware

# Responsibilities of the Joint Council

- Review of questions generated by Junior and Senior Editors for use on different exams
  - In-Training Examination
  - Part 1 Examination (2 different forms)
- Key validation after administration of each examination

The questions are generated by:

–61 Junior Editors



# Junior Editors

Rodolfo Amaya  
Philip Daniel Bailey, Jr.  
Karsten Bartels  
Edward John Bertaccini  
Delbert Roger Black  
Robert Mitchell Craft  
Alexander Mabutas DeLeon  
Logan Scot Emory  
Lilibeth Fermin  
David Brian Glick  
Jeremy Seth Grayson  
James W. Heitz  
Narasimhan Jagannathan  
Brian C. Johnson

Philip Luke Kalarickal  
Ben Kratzert  
Victor L. Mandoff  
Suzanne K. Mankowitz  
Peggy P. McNaul  
Mohammed M. Minhaj  
Edward C. Nemergut  
Karthik Raghunathan  
Maunak V. Rana  
Adam Reese  
Maggy G. Riad  
Babak Roboubi  
Andrew Harry Roth  
Kokila Nilmini Thenuwara

Kha Manh Tran  
Shafonya M. Turner  
Matthew Wecksell  
Menachem Weiner  
Jess Brallier  
Lee-Lynn Chen  
Melissa Davidson  
Kathleen M. Davis  
Sabinel Deacu  
Brian S. Freeman  
Harold J. Gelfand  
Allen N. Gustin, Jr.  
Kevin W. Hatton  
Julie L. Huffmyer  
Sachin H. Mehta  
Kenneth R. Moran  
Astrid G. Stucke

Michael A. Tahir  
Nicholas C. Watson  
Manoj S. Wunnava  
Jie Zhou  
Aubrey Yao  
David A. Young  
Kevin Ng  
Mark J. Rice  
Michael L. Ault  
Rita Agarwal  
Patrick Bender  
Amber Bledsoe  
Vivek K. Moitra  
David Moss  
Robert S. Howard  
Natalia Ivascu



# The questions are generated by:

- 61 Junior Editors

- 33 Senior Editors

# Senior Editors

Carl Borromeo

Gregory Botz

John Chow

Richard Dutton

Rosemary Hickey

Jeffrey Jacobs

Christopher O'Connor

L. Lazarre Ogden

Paul Pagel

Cynthia Wong

Steven Allen

Stephanie Goodman

Stephen Heard

David Hepner

Catherine Kuhn

Barry Kussman

Vinod Malhotra

Kenneth Nelson

Richard Stypula

Richard Teplick

Michael Wall

Helen Westman

Meg Rosenblatt

Keith Ruskin

Eric M. Kitain

Jill Mhyre

Randall Schell

Scott Segal

Stacy Jones

Mary Njoku

# Responsibilities of the Junior and Senior Editors

- Generation of questions for the Part 1 Examination and the In-training examination
  - Over 1000 questions: Initial editing, on-line editing, senior editor meeting
- Special thanks to:
  - Sylvia Dolinski
  - Bob Gaiser
  - Jerry Klawns
  - Roger Mecca
  - John Emhardt
  - Jeff Gross
  - Don Martin
  - Mike Wall

# Scoring of the ITE

- Scaled Score
- Number of questions in each category
- Number answered correctly
- Number correct for 50<sup>th</sup>, 75<sup>th</sup> and 90<sup>th</sup> percentile scores in each category

# Sample ITE Report

## AMERICAN BOARD OF ANESTHESIOLOGY 2011 ABA/ASA In-Training Examination

### Personal Performance Report

Name: [REDACTED]

ID Number: [REDACTED]

Your performance on the In-Training Examination (ITE) is reported as a scaled score. For more information about your In-Training Examination score and to compare your performance with other residents, refer to the "Guidelines for Interpreting Your Personal Performance Report."

Your scaled score is: 31



To help you evaluate your performance in various content areas measured by the ITE, the number of questions answered correctly for each content area is listed below.

Also listed below are the percentile scores for your reference group for 3 points: the 50th percentile, the 75th percentile, and the 90th percentile. You can compare your score to the percentile scores to find out where your performance falls relative to your reference group.

Category	# of questions	# Answered Correctly	50%-ile	75%-ile	90%-ile
Anatomy	6	2	4	4	5
Mathematics, Statistics, Computers	3	2	1	1	1
Organ-based Clinical: Cardiovascular	15	8	11	12	13

# In-Training Examination Report: Categories

**Anatomy**

**Mathematics**

**Pharmacology**

**Physics, Monitoring and Anesthesia Delivery Systems**

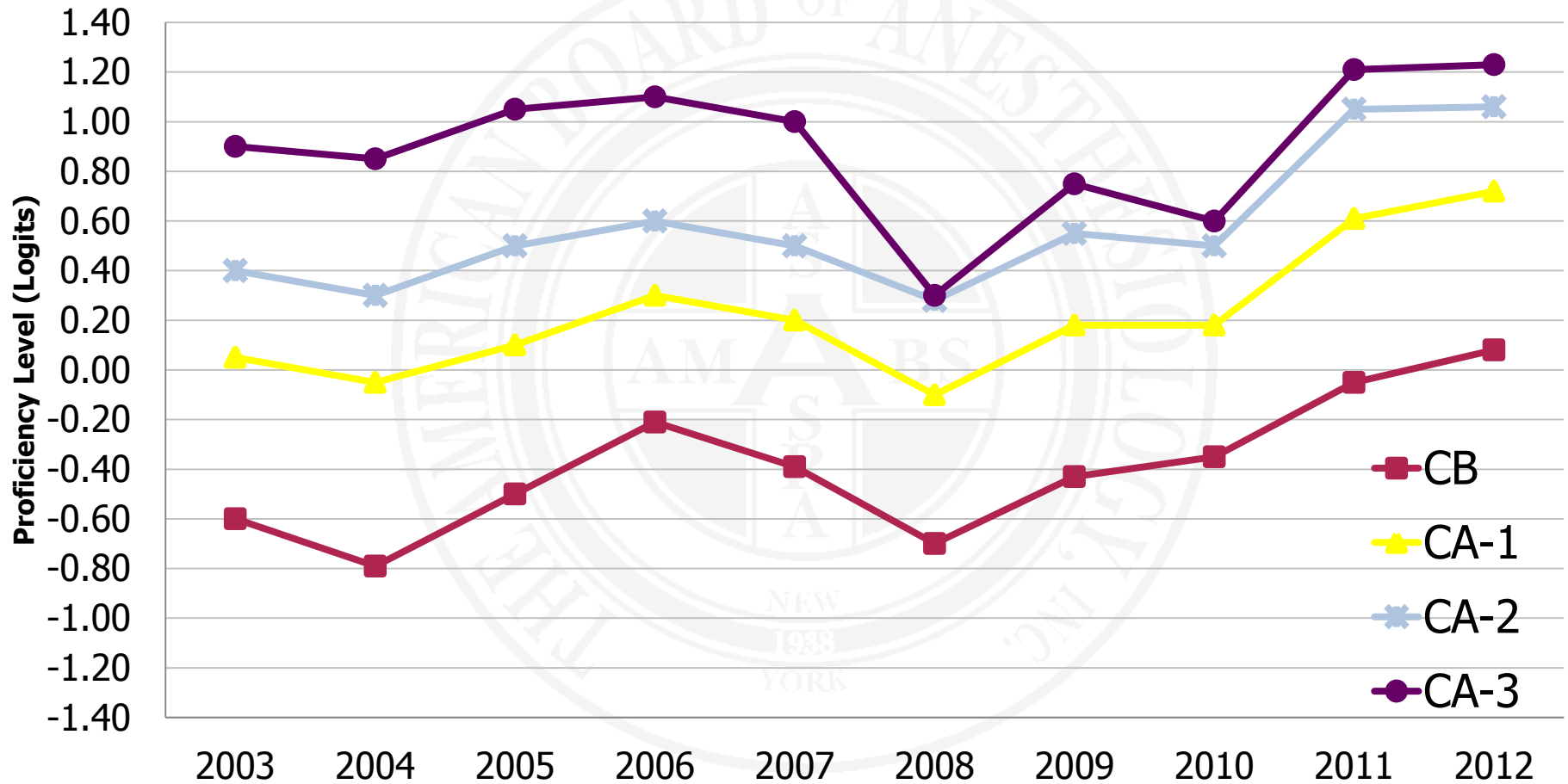
**Anesthesia Procedures, Methods and Techniques**

**Physiology**

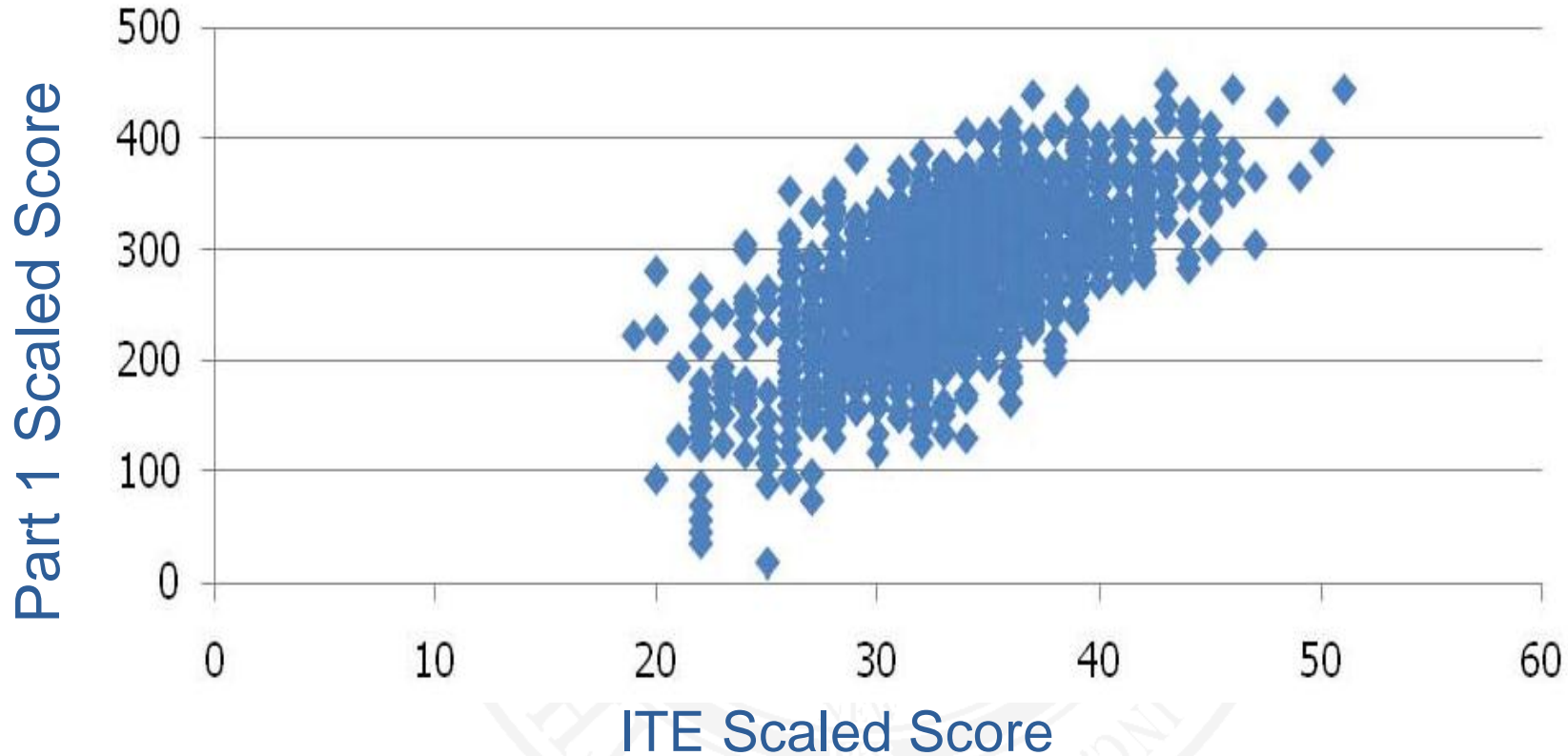
**Subspecialties: Regional Anesthesia, Critical Care, Obstetric Anesthesia, Pain,  
Pediatric Anesthesia**

**Organ-based Clinical: Cardiovascular, Endocrine/Metabolic, Hematologic,  
Neurologic and Neuromuscular, Respiratory, Renal**

# In-Training Exam Performance by Training Level & Exam Year



# Relationship of ITE Scores and Part 1 Scores



The correlation between the 2012 ITE scaled scores and 2012 part 1 scaled scores is 0.634.

# 2012: Relation of ITE Score to First Attempt on Part 1 Examination

ITE Scaled Score	N	Part 1 Scaled Score Mean (S.D.)	Part 1 Pass Rate
<25	26	179.50 (49.92)	23%
26-30	189	228.81 (42.86)	69%
31-35	577	253.47 (37.93)	89%
36-40	452	283.12 (41.13)	97%
41-45	182	308.58 (40.34)	100%
>46	51	347.22 (44.04)	100%

# Scoring of the Part 1 Examination

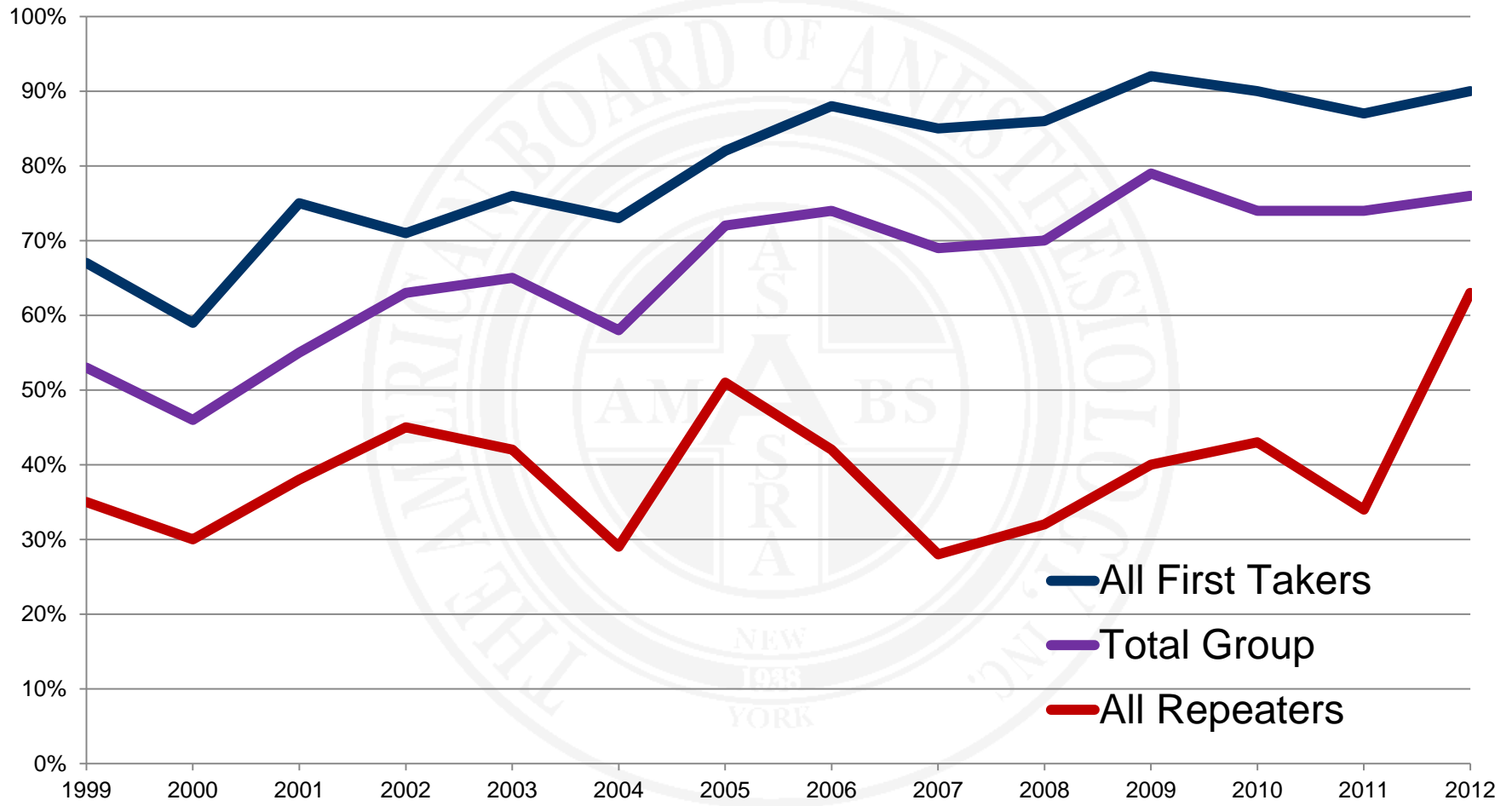
- Standard setting study every 5 years
- Following exam administration: preliminary item analysis (difficulty & discrimination)
- Key validation for items
  - negative discrimination
  - no clear correct answer
- The two forms are equated
- Scores are comparable between test forms and across years

# 2012 Part 1 Exam Results

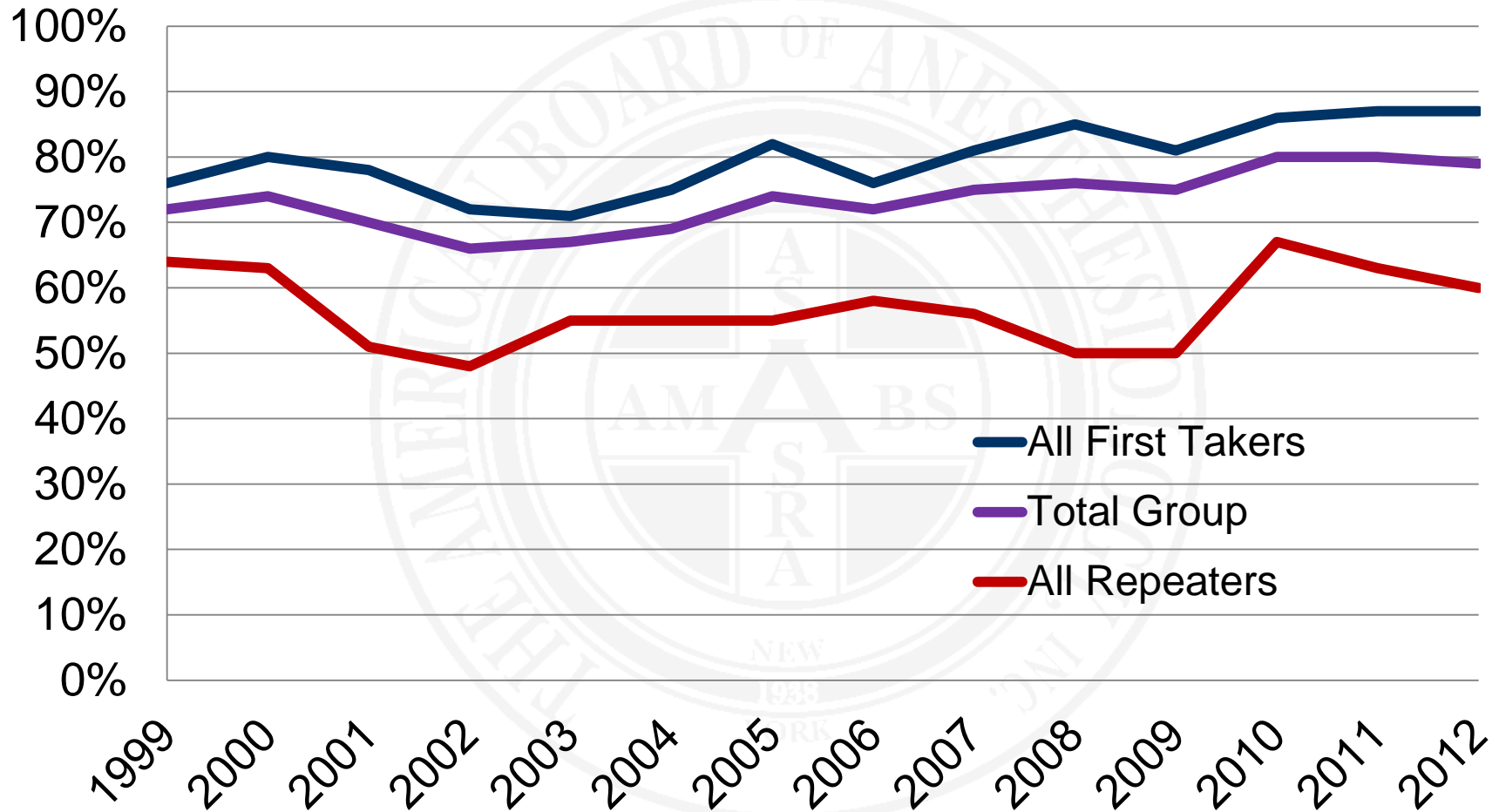
- Candidates were randomly assigned to Monday (Form A) or Tuesday (Form B)
- Preliminary item analysis identified 24 items on Form A and 22 items on Form B
- Key validation eliminated 6 items on Form A and 8 items on Form B from scoring

<b>Form</b>	<b>N</b>	<b>Mean Scale score</b>	<b>Standard Deviation</b>	<b>Pass Rate</b>	<b>Reliability</b>
A	1074	241.85	63.43	75.1%	0.88
B	1069	249.55	66.66	76.6%	0.88

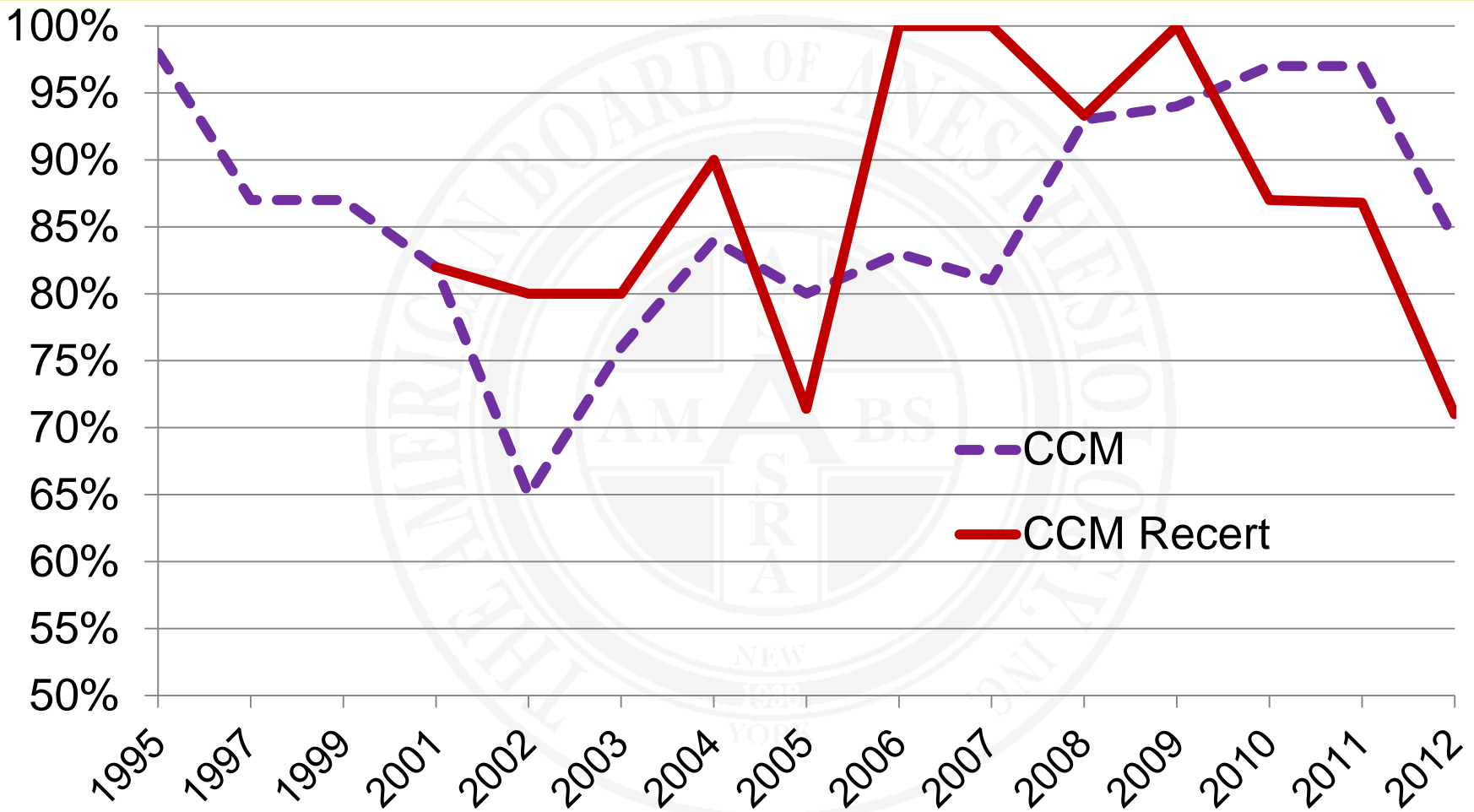
# Part 1 Exam Success Rates



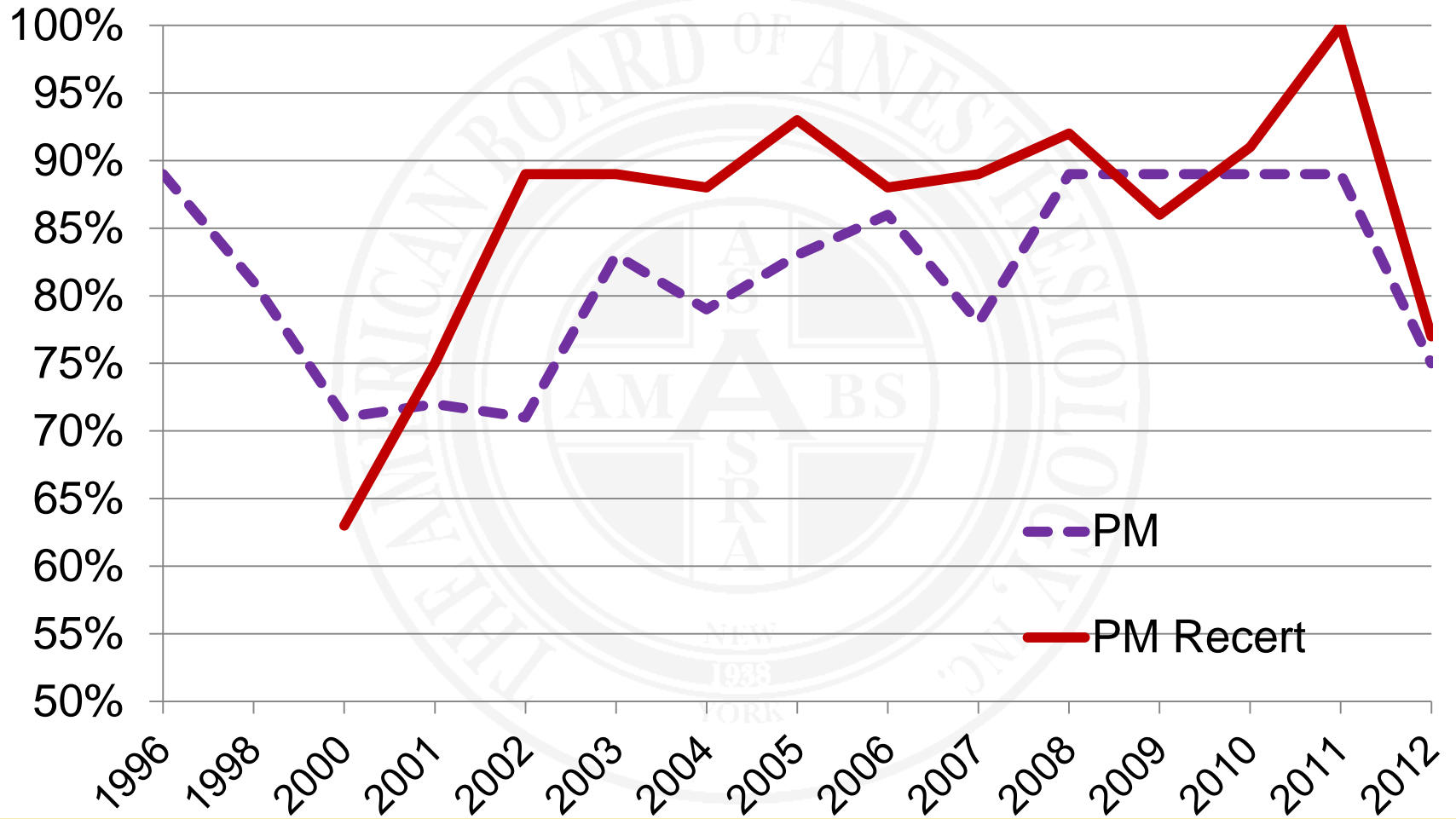
# Part 2 Exam Success Rates



# Critical Care Medicine Exam Success Rates (1995-2012)



# Pain Medicine Exam Success Rates (1996-2012)



# Hospice & Palliative Medicine Sleep Medicine - Success Rates

<b>Exam Year</b>	<b>Hospice &amp; Palliative Medicine</b>	<b>Sleep Medicine</b>
<b>2008</b>	86%	N/A
<b>2009</b>	NO EXAM	N/A
<b>2010</b>	74%	N/A
<b>2011</b>	NO EXAM	80%
<b>2012</b>	Available after November 2012	NO EXAM

# Transition to Computerized ITE

- In March 2012, the Joint Council pilot tested an online ITE with 9 training programs and 350 residents.
  - Feedback was positive.
- The ITE will be fully computer-based in 2013.
- The ABA staff is working closely with residency program staff to prepare for, administer and proctor the online ITE.
- The process will be evaluated after the exam.

# 2013 Computerized ITE

- Will be delivered over a 3-day window.
  - From 12:00 a.m. EST on Thursday, **February 28** to 11:59 p.m. EST on **Saturday, March 2**
- The exam can be administered at any time during the testing window and programs may schedule multiple administrations of the exam if desired.
- The ABA is working with Internet Testing Systems (ITS) to deliver the exam.
- [www.testsys.com](http://www.testsys.com)

# Computer-based ITE: Advantages

- Scores available more quickly
  - Scoring a computer based test (CBT) takes less time than a paper and pencil test
  - This year Part 1 scores were available 4 weeks after administration of the exam
- Improved Images
  - Prior paper and pencil test provided static and poorer quality images
  - This year the Part 1 exams and ITE will have questions with moving images

# New Question Types

More graphics, addition of video clips

- Still shots of a monitor screen
- Video clips from a simulator or real-time bedside monitor
- Laryngoscopy, FOB images
- Basic level TEE video clips
- Ultrasound images for placement of regional blocks and central venous lines

# 2013 Part 1 and In-Training Examinations

- Will have 2 questions based on different moving images on each exam
- Similar questions will be available on the ABA website for practice prior to the exam
- Thanks to: Jim DiNardo, Manny Pardo and Roger Mecca for their assistance in creating the questions

# Staged Examinations

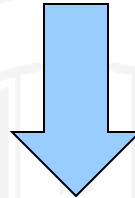
- Residents increase their study and learning in direct response to high-stakes exams
- Staged Examinations will:
  - promote sustained study over the course of residency training
  - lead to a greater knowledge base upon completion of the ABA exam sequence
- A staged exam process will complement the ACGME movement toward competency-based training and promotion
- Residents will no longer be tested on the same material year after year during training

# Transition to Staged Examinations

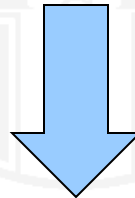
- Candidates who began their internship year **before July 1, 2012** must satisfy all requirements for Board certification, including successful completion of the current Part 1 (Written) Examination and the Part 2 (Oral) Examination
- Candidates who begin their internship year **on or after July 1, 2012** must satisfy all requirements for Board certification, including successful completion of the BASIC, ADVANCED and APPLIED Examinations

# Staged Exam Sequence

BASIC Exam



ADVANCED Exam



APPLIED Exam

# The BASIC Exam

- Material covered: pharmacology, basic physiology, anatomy, anesthesia equipment, basic monitoring
- First BASIC exam will be offered on July 28-29, 2014
- The exam will be offered every January and July

# The ADVANCED Exam

- Material covered: Emphasis will be on subspecialty-based practice and advanced clinical issues
- Candidates will be eligible to take the exam after satisfactory completion of both the BASIC exam and residency training
- The exam will be offered for the first time in July 2016

# Schedule of Staged Exams

<b>DATE</b>	<b>EVENT</b>
Jul 1, 2012	Residents begin their PGY-1 training
Mar 2, 2013	All residents take the ITE
Jul 1, 2013	Residents begin their PGY-2 training; Programs register candidates with the ABA
Jan - Jun 2014	Eligible candidates apply for the July 2014 BASIC Exam (18 months satisfactory credit)
Mar 2014	All residents take the ITE
Jul 2014	Candidates take the BASIC Exam (1 <sup>st</sup> opportunity)
Aug 2014	Pass/Fail results sent for the BASIC Exam

# Schedule of Staged Exams

<b>DATE</b>	<b>EVENT</b>
Jan 2015	Failing candidates retake the BASIC Exam
Mar 2015	All residents take the ITE
Jul 2015	Failing candidates retake the BASIC Exam
Jan 2016	Failing candidates retake the BASIC Exam
Jan - Jun 2016	Eligible candidates apply for the July 2016 ADVANCED Exam (30 months of credit and BASIC Exam passed)
Mar 2016	All residents take the ITE
Jun 2016	Training is completed
Jul 2016	Candidates take the ADVANCED Exam

# Results of Failing the Basic Exam

After failing the Basic Examination a second time, a resident will automatically receive an unsatisfactory for that reporting period and will continue to receive an unsatisfactory until the exam is passed. Failing the examination 3 or more times will extend residency training.

# Staged Examination Fees

- **No change in existing fees** for primary certification
- Current fees for the traditional Part 1 and Part 2 Examinations total \$3,650

Examination	Fee
BASIC Exam	775.00
ADVANCED Exam	775.00
APPLIED Exam	2,100.00
<b>TOTAL</b>	<b>\$3,650.00</b>

# Irregular Behavior

- Examples of Irregular Behavior include:
  - Falsifying information required to get into the exam or impersonating another examinee
  - Attempting to observe another examinee's test book or answer sheet
  - Copying the questions for use outside of the exam
- These behaviors constitute cheating

# Security Efforts

- Security of the exam is vital to the fair grading of the exam and is of paramount importance
- Exam questions are the sole property of the Joint Council. They are not available for review by examinees before or after the exam
- Any copying of questions, including memorizing questions and later reproducing them, constitutes copyright infringement
- Failure of candidate to abide by the rules of conduct may result in disciplinary actions
- Statistical analyses will be used to verify observations or reports of suspected irregularities in conduct

# The APPLIED Exam

- The ABA's current Part 2 (Oral) Examination will become the APPLIED Exam
- Beginning in 2016, its content and format will change to include elements of Objective Structured Clinical Examinations (OSCEs) in addition to the traditional oral examination questions
- More details about the APPLIED Exam will be sent in March 2013

# OSCEs

- Assesses skills such as history-taking, physical exam, procedural skills, clinical decision-making, counseling, professionalism, and interpersonal communication.
- Consists of a circuit of short stations, in which each candidate is tested on aspects of a single task or problem by one examiner.
- Each station has a different examiner.
- All candidates rotate through the same stations, completing all the stations in the circuit. As a result, candidates are objectively assessed in several different scenarios.

# An OSCE is designed to be...

- **Objective** - all candidates are assessed using exactly the same stations with the same marking scheme.
- **Structured** – OSCE stations have a very specific task where simulated patients with detailed scripts are used.
- **Clinical Examination** - the OSCE is designed to test the application of clinical and theoretical knowledge to the evaluation of a patient.
- **An OSCE is not a full rescue simulation.**

# OSCEs are not a new Testing Format

USMLE Step 2 CS (Clinical Skills) Examination is a separately administered component of the Step 2 examination.

- Uses standardized patients to test ability to gather information from patients, perform physical exams, and communicate their findings to patients & colleagues
- Includes 12 patient encounters, each lasting 15 minutes

# OSCE Development Advisory Panel Nomination Process

- Notice has been sent to program directors and department chairs
- Nominations
  - Must include letter of interest and curriculum vitae; must be received **by 5:00 pm EST on Monday, November 26, 2012**
  - Individuals may self-nominate
  - Submitted to Dr. Ann Harman at [ann.harman@theABA.org](mailto:ann.harman@theABA.org)
  - Decision deadline: **December 10, 2012**
- Information about the purpose/charge of the panel, expertise sought, scope of work and time commitment is available on the Important Notices page of the ABA website at [www.theABA.org](http://www.theABA.org)

# The OSCE Development Advisory Panel

- Advise on the development of an OSCE assessment center
- Advise on the resources required for the operation and maintenance of an OSCE assessment center and the development of OSCE stations that effectively assess the competencies being tested
- Advise on the systems necessary for developing effective OSCE stations
- Advise on the components of an effective OSCE station

# Online Resources



The American Board of  
**Anesthesiology**

Advancing the Highest Standards of the Practice of Anesthesiology



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Physicians can access their ABA Portal Account to update their contact information, apply for certification or review MOCA requirements.



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View information on computerized ITE, staged examinations, training away from accredited programs, and options for research.



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Learn more about the value of Board certification and Maintenance of Certification.



# Questions?

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