
The American Board of Anesthesiology

2017 ABA Exams Report

Society of Academic Anesthesiology Associations


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QUESTION EDITORS

ITE/BASIC/ADVANCED/PART 1 EXAMS

76 JUNIOR EDITORS
10 were selected in 2016
Write questions (18/year)
Revise questions based on feedback



43 SENIOR EDITORS & COMMITTEE MEMBERS
Edit questions
Mentor junior editors

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QUESTION DEVELOPMENT

- Question generation for the examinations: BASIC, ADVANCED, Part 1 and ITE
 - Approximately **1,400** questions generated
 - Three senior editors meetings and 8 webinars to review items
 - ITE and BASIC Exam forms reviewed by exams committees in August and September 2016
 - ADVANCED form was reviewed in January 2017

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2018 IN-TRAINING EXAM (ITE)

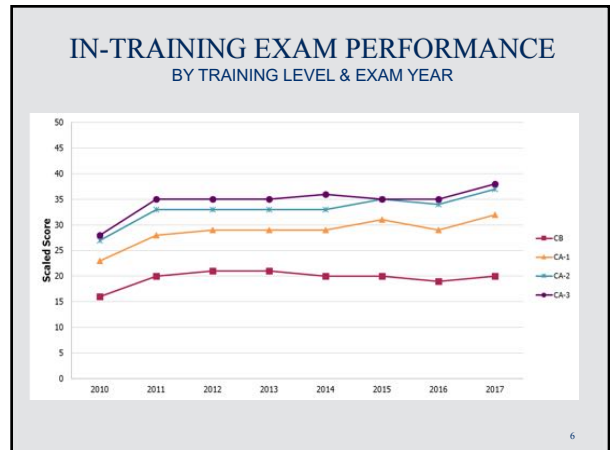
- Internet-based, secure, proctored exam delivered via vendor
 - Exam may be delivered any time from **12 a.m. ET on Thursday, Feb. 15, to 11:59 p.m. ET on Tuesday, Feb. 20**, with multiple administrations
- Every computer used must pass complete systems check; administration guides delivered in December
- Questions may include graphics, including still shots of a monitor screen and ultrasound images

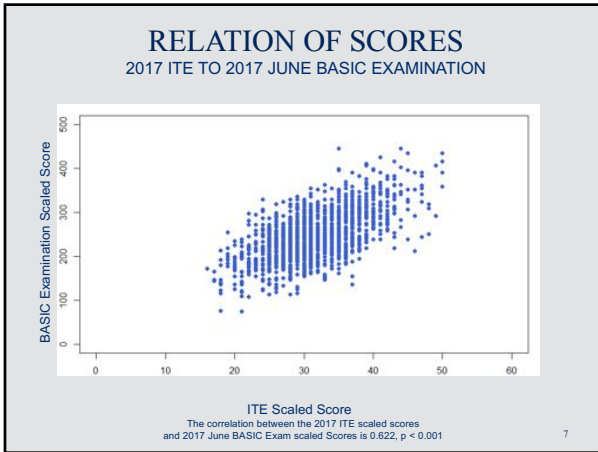
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ITE-PAIN MEDICINE (ITE-PM)

- In 2017, **86** programs administered the exam to nearly **320** fellows
- 2018 ITE-PM will be administered at fellowship program sites on **Friday, March 16**
- ITEs for Critical Care Medicine and Pediatric Anesthesiology are expected to be added in **2019**

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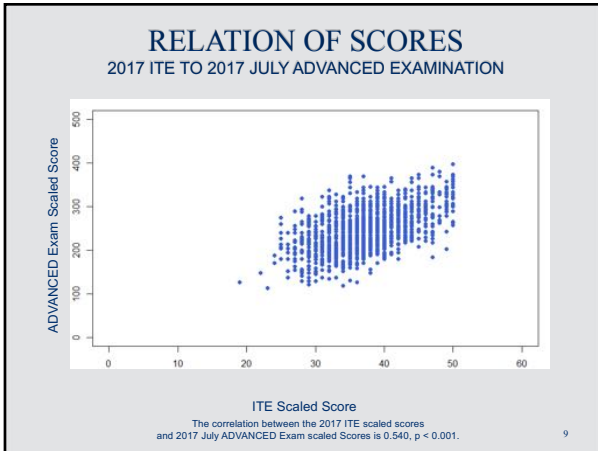


RELATION OF SCORES

2017 ITE TO 2017 JUNE BASIC EXAM

Scaled Score	N	2017 June BASIC Scaled Score Mean (S.D.)	BASIC Pass Rate
≤25	217	201 (44)	64%
26-30	524	228 (41)	85%
31-35	508	250 (43)	94%
36-40	306	283 (45)	99%
41-45	89	325 (47)	100%
≥46	20	341 (61)	100%

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RELATION OF SCORES

2017 ITE TO 2017 JULY ADVANCED EXAM

Scaled Score	N	2017 ADVANCED Scaled Score Mean (S.D.)	ADVANCED Pass Rate
≤25	15	197 (46)	73%
26-30	126	210 (41)	81%
31-35	392	232 (41)	94%
36-40	562	249 (37)	98%
41-45	310	272 (36)	100%
≥46	120	305 (41)	100%

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- ### EXAMINATION SCORING
- Standard-setting study conducted every five years
 - Following exam administration, preliminary item analysis conducted (difficulty & discrimination)
 - Key validation for items
 - negative discrimination
 - no clear correct answer
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2017 JUNE BASIC EXAM RESULTS

- Candidates were assigned to examine on Friday or Saturday
- Key validation eliminated nine items from two forms
- 88.4% of candidates passed

N	Mean Scaled Score	Standard Deviation	Pass Rate	Reliability
1,696	247.6	54.0	88.4%	0.80

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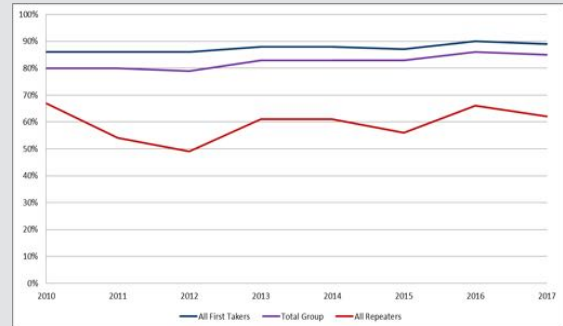
2017 JULY ADVANCED EXAM RESULTS

- Candidates were assigned to examine on Friday or Saturday
- Key validation eliminated 10 items from two forms
- 95.2% of candidates passed

N	Mean Scaled Score	Standard Deviation	Pass Rate	Reliability
1,610	248.9	47.4	95.2%	0.75

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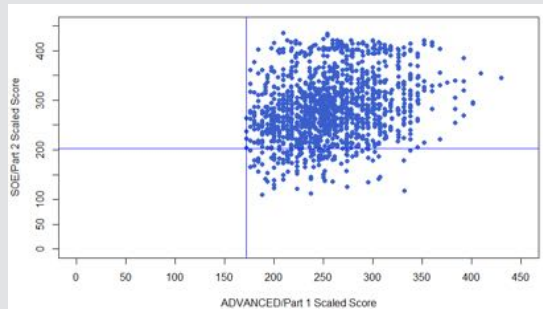
PART 2/APPLIED EXAMINATION SUCCESS RATES



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RELATION OF SCORES

2017 SOE/PART 2 EXAM TO FIRST ATTEMPT ON 2016 ADVANCED/PART 1 EXAM

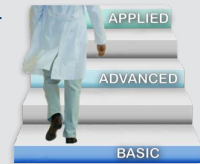


The correlation between the 2017 SOE/Part 2 Exam scaled scores and first attempt on 2016 ADVANCED/Part 1 Exam scaled scores is 0.266, $p < 0.001$

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STAGED EXAMINATIONS

- Staged exams launched in 2014 to replace the traditional Part 1 and Part 2 Exams
 - Candidates who completed residency training on or after Oct. 1, 2016, take the staged exams – BASIC, ADVANCED and APPLIED Exams



- In 2018, the Objective Structured Clinical Examination (OSCE) component will be added to the APPLIED Exam, completing the staged exams rollout

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APPLIED EXAM: WHY ADD OSCES?

- OSCES are intended to assess two major domains that are difficult to assess in written or oral exam formats, such as
 - Communication and Professionalism
 - Technical skills related to patient care
- Evidence that these domains are important in physician performance after training



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OSCE FORMAT

- Candidates will participate in a **seven-station circuit** that will evaluate their proficiency in seven of the nine skills from the OSCE Content Outline:
 - Six Communication & Professionalism skills
 - Three Technical skills
- Each station will be **eight minutes long** with four minutes between stations to review their next scenario

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OSCE FORMAT

- In some stations the candidate will interact with a **standardized patient actor** as part of the scenario
- In others, the candidate will interact directly with an examiner, but examiners will not be in most exam rooms



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WHY ARE WE DOING THIS?

- **Assessment**
 - To better assess competencies important for diplomates to possess; better align with expansion of competencies reflected by the ACGME milestones
 - Desire to improve the discrimination and external validity of our overall assessment process and assess whether there is significant collinearity with the SOE
- **Training**
 - To drive improved training in these domains within residency programs

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PREPARATION FOR OSCES?

- Extensive exam prep/training should not be necessary
 - **Communication & Professionalism scenarios:** Based on OSCE formats that medical school grads have experienced – enter a room and talk with a standardized patient/clinician
 - **Technical Skills scenarios:** Mimic common clinical teaching settings (e.g., explaining what the candidate sees on a monitor, showing faculty relevant U.S. anatomy, interpreting an echo)

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HOW WILL OSCES BE SCORED?

- Scoring method similar to that used for the current Structured Oral Examination
- Standards for passing the OSCE component will account for the novel nature of the exam

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OSCE RESOURCES

- Published these resources on the ABA website to help programs help residents prepare for the first OSCE administration in 2018:
 - OSCE Content Outline
 - OSCE administration schedule
 - OSCE example scenarios with links to TEE resources
 - OSCE overview video

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The American Board of
Anesthesiology

QUESTIONS?

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