



Thoughts about Ethics and Examinations

By Stephen B. Webster, MD, Associate Executive Director

The General Qualifications for taking the examination for Certification in Dermatology state that “the candidate must not have engaged in conduct which, in the judgment of the Board (i) reflects unethical activity relating to the practice of medicine or (ii) casts significant doubt on the ability of the candidate to practice Dermatology in the best interests of patients.” This basically covers the ethical standards which the Board feels are a critical and necessary part of professionalism, which is such an important part of our lives as physicians in caring for our patients. Our patients trust us and to justify that trust, it is essential that we maintain the highest level of professionalism in all our daily activities.

The Certifying Examination is given each year as the final step in the process of becoming a Diplomate of the American Board of Dermatology. The Certifying Examination, as discussed in this newsletter and also in the March Resident Newsletter, can be considered a critical part of our medical lives, and, in a way, can be considered a part of the practice of medicine. Hence the standards we follow in medical practice should be followed in studying for and taking the Certifying Examination.

In the past, the Board has become aware that immediately following the examination some candidates have written down questions which they have recalled, compiled with other candidates' recalled questions, and shared with other residents. These compilations have been referred to as “airplane notes”, presumably as they were written down on flights home after the examination. These recalled questions are then used by future candidates taking the examination in order to gain an unfair advantage.

Cautions about this type of activity and possible consequences if identified are given by the head proctor prior to each certifying examination. This is covered by the General Qualifications quoted above, and would be grounds for disallowing certification. There are legal consequences to this practice, as the questions of the American Board of Dermatology are protected by copyright laws, and any reproduction, not approved by the Board, is illegal. But, of much greater importance, this practice is unethical and violates our professionalism and ethical standards, which are the basis for the trust given us by our patients. The Directors of the Board appreciate that all the candidates for certification in Dermatology understand the importance of high ethical and professional standards in all aspects of our medical lives in caring for our patients, in performing research, and in studying for and taking the examinations that lead to Certification. By maintaining these high ethical standards, we can justify the trust granted to us by the public and by our patients.



The Doctor, by Sir Luke Fildes

All About the 2008 Certifying Examination

SUNDAY, AUGUST 10, 2008

5:30 - 7:00 p.m. Registration and Reception, Atrium, Crowne Plaza Chicago O'Hare

Word to the Wise

Air travel in August can be unpredictable because of summer storms. Leaving home early on Sunday will allow more flexibility and may help you avoid the "midnight arrival" phenomenon.

MONDAY, AUGUST 11, 2008

Comprehensive Multiple-Choice Examination in Dermatology

7:10 - 9:10 a.m. 132 questions of the "one best answer" format.

Examination in Dermatopathology

9:30 - 11:50 a.m. 36 glass slides (see slide movement diagram next page)

Word to the Wise

There will be **2 minutes** per slide. The timer will not begin until the slides have been passed and are on the microscope stage. During the 2 minutes you must view the slide, select the correct answer from the 5 or 26 foils in the test booklet, and mark your answer on the answer sheet.

Lunch

11:50 a.m. - 1:30 p.m.

Examination in Clinical, Laboratory, and Surgical Dermatology

1:30 - 3:25 p.m. First set of 80 projected images (Images are projected for 60 seconds each)

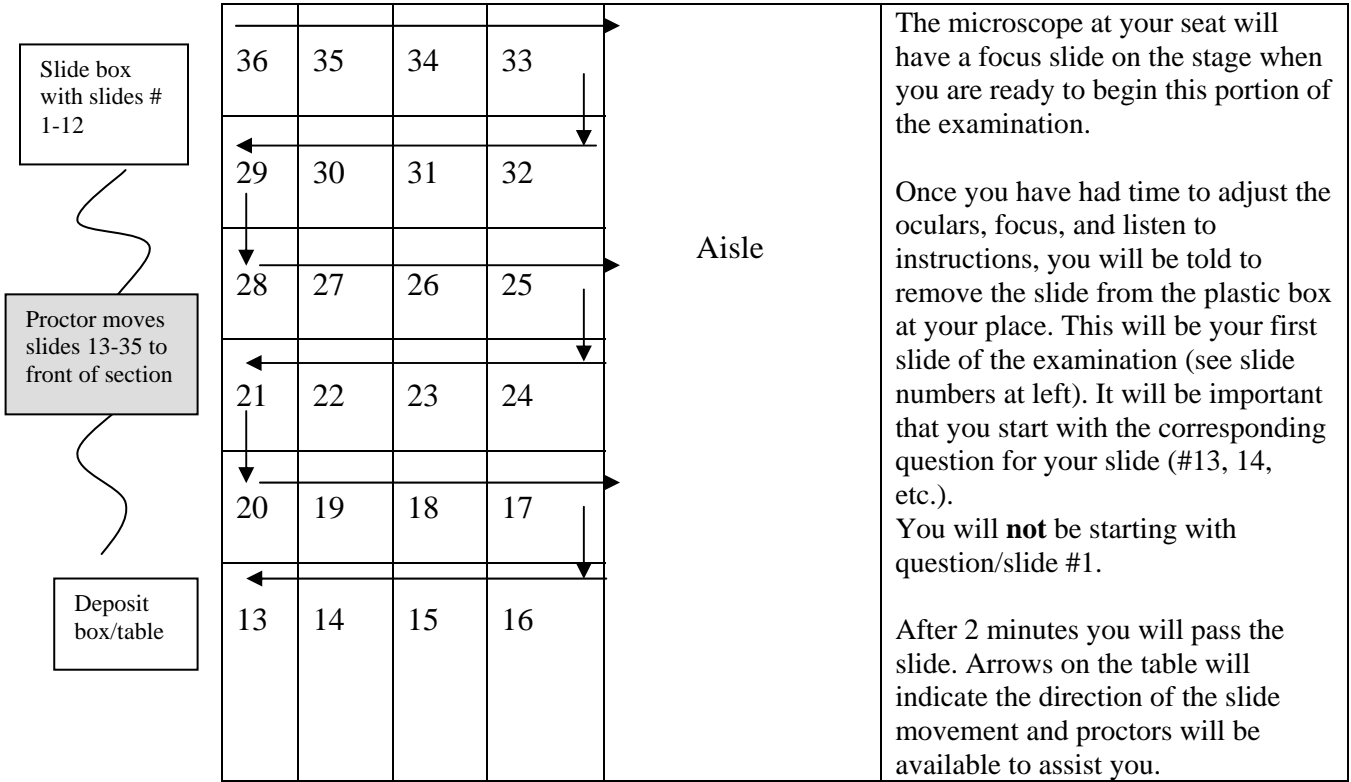
3:25 - 3:40 p.m. Break

3:40 - 5:20 p.m. Second set of 80 projected images (Images are projected for 60 seconds each)

5:20 p.m. Dismissal

Slide Movement Diagram for Examination in Dermatopathology, August 2008

Screen for afternoon session



Virtual Microscopy and the In-Training Examination

by Antoinette F. Hood, MD, Executive Director

Background

As long as board certified dermatologists want to exercise their right to interpret dermatopathology slides as part of their practice, the Board believes that it has an obligation to prove competency in dermatopathology through testing on the certifying examination. Glass microscopic slides have been used by the American Board of Dermatology for 75 years and remain the gold standard for testing. However, glass microscopy is slowly being supplemented, and in some situations, replaced by digitalized whole mount slides in medical schools throughout the United States. Digital/virtual microscopy has been proved in published and unpublished studies to be a practical surrogate for traditional microscopic slides. Digitized dermatopathology slides have been successfully used without problems on the dermatopathology module in two recertification examinations administered by the American Board of Dermatology. As dermatology residents know from their own experience, we have not been so fortunate with the use of virtual microscopy on the In-Training Examination.

The 2008 Virtual Dermatopathology Experience

Dermatologic entities at three different levels of difficulty were selected for testing purposes. Ten slides (5 tumors and 5 inflammatory disorders) were chosen for each level of difficulty (PGY-2, PGY-3, and PGY-4). Initially, a 40 minute time limitation was set for review of the images over the 3-day period. However, this time limitation was removed Friday morning when the first group of residents logged on and experienced difficulty downloading the large images. Subsequently, 1,213 examinees successfully completed the examination over the 3-day window. The average score at each level was approximately 60% correct. The images that were tested at each level are as follows:

Level 1:

1. Leukocytoclastic vasculitis
2. Bullous pemphigoid
3. Lichen planus
4. Lupus erythematosus
5. Scleroderma
6. Pilomatricoma
7. Hidrocystoma
8. Dermatofibroma
9. Blue nevus

10. Granular cell tumor

Level 2:

1. Pityriasis lichenoides at varioliformis acuta
2. Xanthelasma
3. Xanthogranuloma
4. Chromomycosis
5. Rheumatoid nodule
6. Palisaded encapsulated neuroma
7. Spiradenoma
8. Schwannoma
9. Angiosarcoma
10. Melanoma, acral lentiginous type

Level 3:

1. Verruciform xanthoma
2. Drying artifact
3. Lupus panniculitis
4. Disseminated intravascular coagulopathy
5. Trichotillomania
6. Mycosis fungoides
7. Warty dyskeratoma
8. Dermatofibrosarcoma protuberans
9. Microcystic adnexal carcinoma
10. Giant cell tumor of the tendon sheath

What have we learned in the 5 years of in-training examinations?

Virtual microscopy can be used for testing, but it appears to be an impractical technique for web-based testing, particularly when large numbers of trainees attempt to use it at the same time. Some residents are more facile in using the technique while others find it a source of frustration.

The Future of Virtual Microscopy

The American Board of Dermatology strives to implement computer-based testing for all its examinations. Because commercial testing centers do not allow the use of microscopes during testing, the American Board of Dermatology must continue to explore the utilization of virtual microscopy (see Background above). A subcommittee has been formed to determine if we can use virtual microscopy for future in-training examinations, and if so, in what format it can best be administered. We know this portion of the examination has been frustrating for many of you, and we sincerely appreciate your continued help through this learning experience. If you have suggestions, please do not hesitate to contact me at abderm@hfhs.org.