

ABD Certification Pathway Survey Results

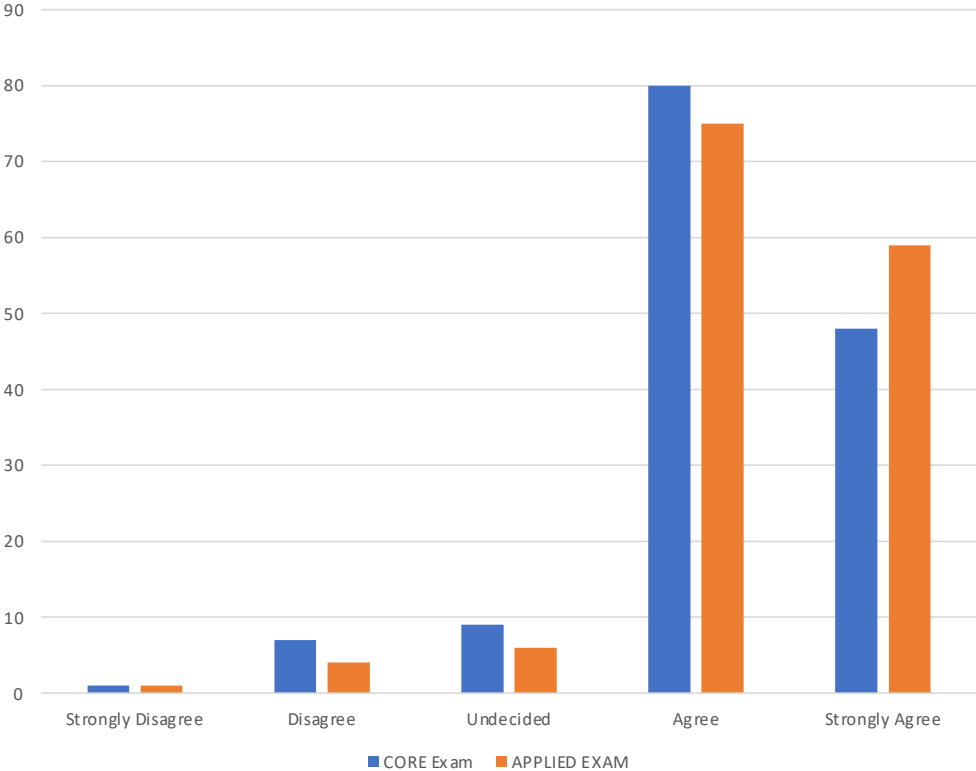
May 2022

Background

- Residents graduating in 2021 were the first cohort to fully participate in the new certification pathway consisting of:
 - Basic Exam in Year 1
 - CORE Exams (Med, Ped, Surg, DermPath) in Years 2&3
 - APPLIED Exam in July after graduation
- In February 2022, we sent a survey to the 544 diplomates who achieved certification in 2021 by passing the CORE and APPLIED exams
 - 148 responses (27%)

Q1. The ABD certification pathway is designed to assess knowledge on the CORE Exam, and to assess applying knowledge on the APPLIED Exam.

Do you agree that the content of each exam reflected its objectives?

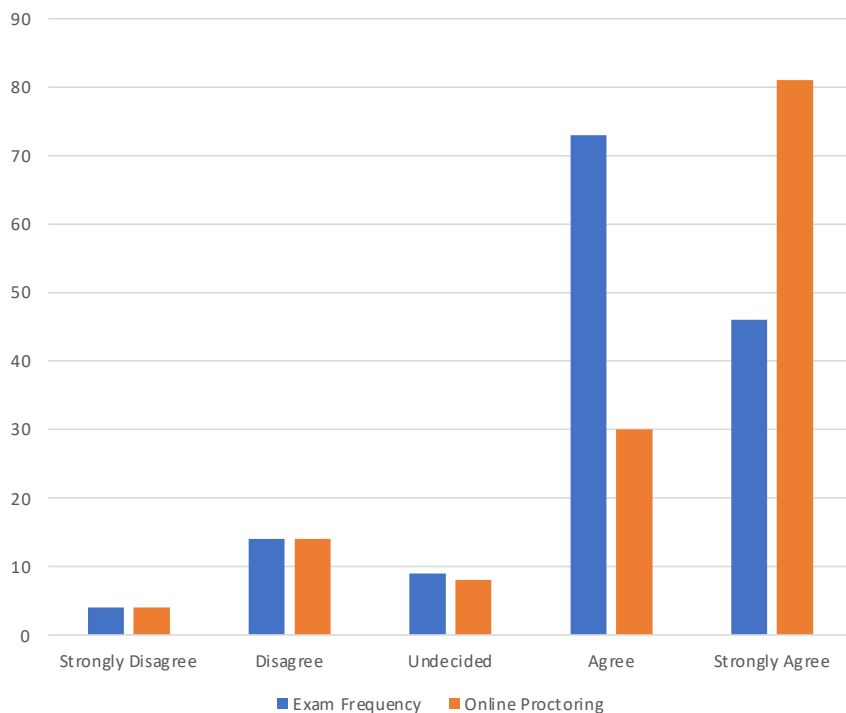


For the remainder of the survey questions, responders were provided an opportunity to comment. Representative comments are shown on the following slides. We could not include all comments in this presentation, as there were more than 400.

Q2. Please indicate your level of agreement with the following statements about the CORE Exam:

A. The frequency of the exam administration windows was appropriate (Feb, July, Nov)

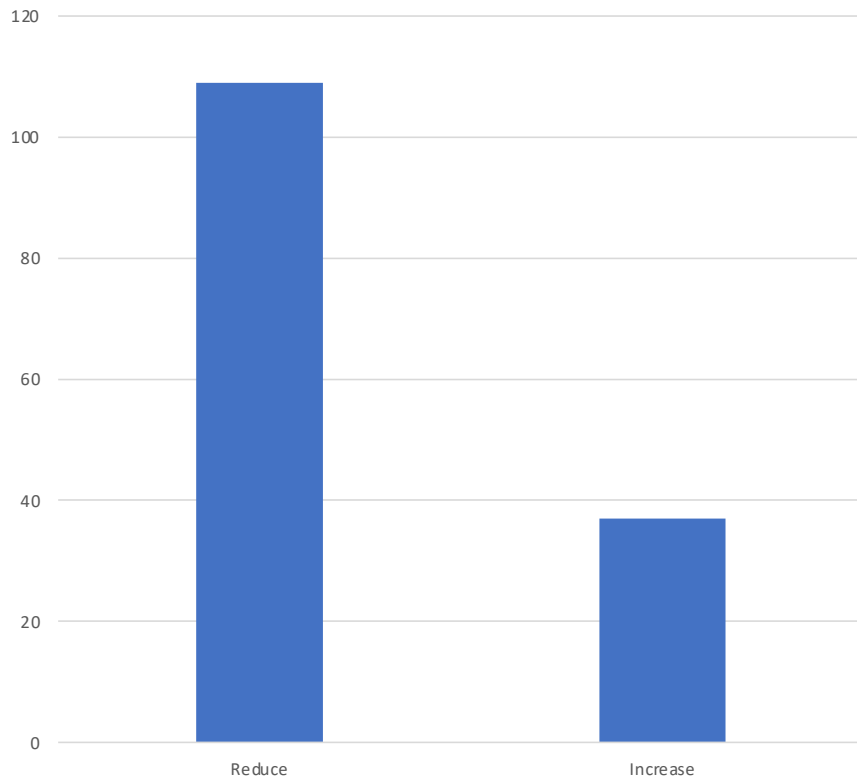
B. Online proctoring offered a helpful and convenient way to take the exam



COMMENTS

- Since it was challenging to sign up for the exams due to limited space at the testing centers, this was a nice option but for many of us the stress of having old computers without a way to hard-wire to internet (or having bad internet in our homes in general) caused a lot of stress and worry about having our exams lose connection during the exam or be unable to support the exam technology. In my residency, we were unable to use computers/internet at our institution due to firewall issues (not sure if there is a way around that since that would alleviate many of the concerns of online proctoring).
- Excellent exams; liked taking them from home.
- Wish there was an option to take all four at once, if desired.
- Exam should be offered more frequently and sooner in PGY3 year (earlier than February) so candidates can complete all cores before PGY4 year
- The online proctoring was highly variable between experiences. My second proctor did not allow me to look away from the computer screen, rest my head on my hand (as one does while thinking) or move my mouth at all. Being told to stare at the screening without moving for hours was highly distracting. I was told if I moved one more time they would forfeit my entire exam. It was demeaning and made concentrating on the actual test difficult.

Q3. Did being tested on the 4 CORE Exam content areas separately REDUCE or INCREASE exam-related stress?



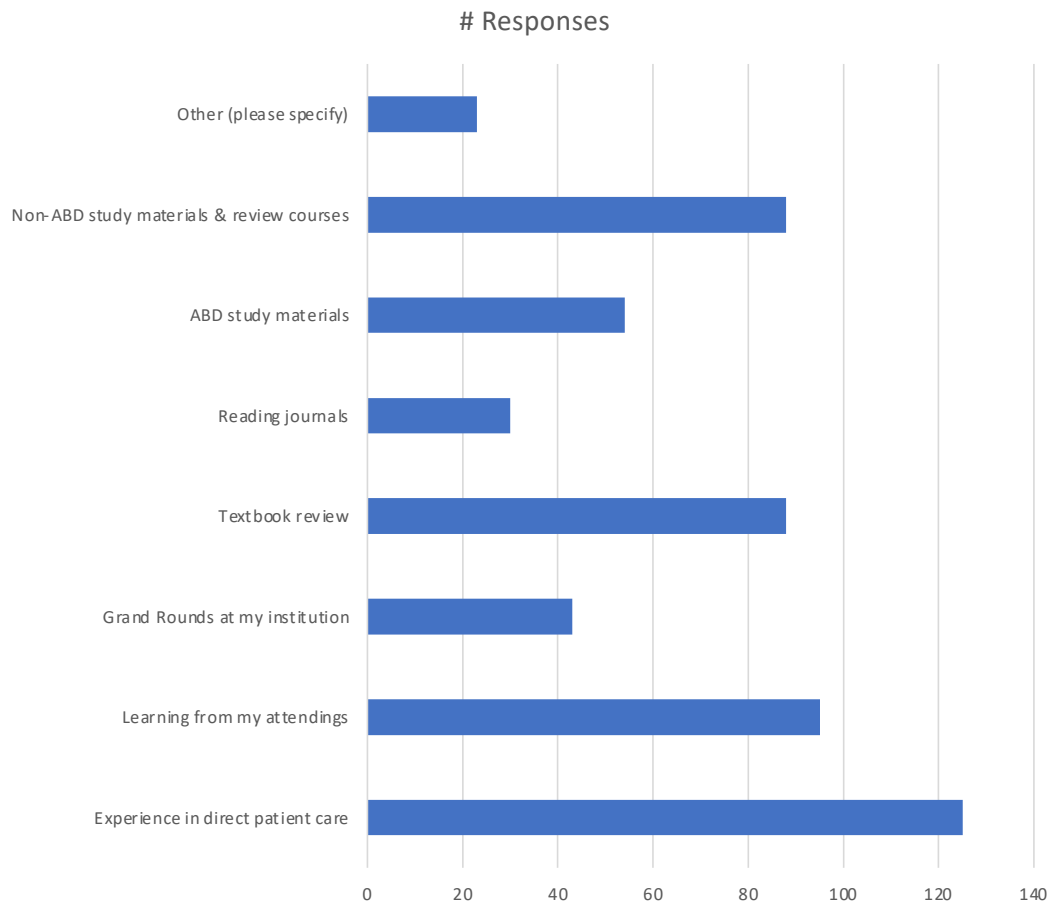
COMMENTS

- I think it increased the stress because we had to continually study throughout residency, but I LOVED that we did because I became more adequate at subjects due to individual sections than I would have otherwise.
- The level of stress was increased during the year that I was taking the CORES but I think it was reduced as I was preparing for the applied exam.
- I appreciated the opportunity to focus on one area at a time. I took one exam per offering.
- While overall stress was increased, my level of knowledge exceeded that of previous classes in the same year of training. Meaning: I acquired dermatology knowledge faster than previous years due to the CORE exams, and the preparation for them. NOTE: my derm knowledge increased due to STUDYING for the exams. The Core exams themselves were absolutely terrible and had a bunch of random, out-of-left field questions.
- I was able to better focus on the individual subjects being covered. The exams (appropriately so) tested nuanced knowledge of the individual subjects that included basic science concepts as they related to dermatology. Such topics could easily be glossed over if dedicated study was not pursued.
- Substantially increased exam related stress. 2 in-training exams were replaced with 4 core exams - double the amount of testing. This seems counter to the rest of the medical field which is moving towards decreased standardized testing to reduce testing fatigue.
- I liked that there was always an exam around the corner, so I was constantly studying at an appropriate pace. I think it would have been more stressful to have 1 exam per year.
- A little of both. It was nice to be able to choose as many modules as you'd like to take at once, so there was an opportunity to get the cores out of the way. Studying for cores definitely changes the residency experience, as it takes away from time to work on research and other career building opportunities. Overall I was glad we had them though. I learned the material a lot earlier in residency than I otherwise would have.
- The opportunity to retake core exams if needed reduced pressure significantly

Q4. How can the ABD improve the CORE Exam process?

- Not offering in July. That's always a big transition month with new residents. Upper class men have a lot of responsibility's then. I would say May or August instead of July. There was some fear having taken one exam at a time to not have a "back up" if the last one didn't go well. Some mechanism for another opportunity would be good. Like maybe 5+ offerings in total, November, February, May, August, November, February, May.
- Increase study guides and resources available. National zoom study reviews targeted at each exam, etc... But frankly, we did fine without that.
- One of the most helpful things about the core exams were the objectives that clearly defined the scope of the exam. Continuing to make the objectives as clear as possible will help to hone study of the individual subject matters.
- I thought it was fair and thorough. I thought the questions were well written, path especially was well thought out and the format was really nice.
- Separating the content areas sounded helpful, but in reality it caused residents to hyper-focus studying for short time periods. For example, if one takes pediatric derm first, then they would study leading up to the core exam but once complete they would no longer study pediatric derm in favor of studying the content for their next exam (such as general dermatology). This leads to less holistic studying.
- Please keep the CORE and APPLIED exams the way they are b/c they truly help residents master each section. This leads to well-rounded derms and not just experts in one module/section.
- Get rid of them, or at least make the content reasonable with a clear idea of what to study. Stop comparing us with percentiles, especially when the bell curve seems to be very narrow. It feels like unnecessary torture and a confidence killer. Just tell us if we passed and stop making everything about residency worse for no reason.
- Not reporting exam scores or percentiles. Instead, it should be reported pass/fail like the applied exam since they're all part of the same credentialing test. The lower 10-30 percentile could be reported as pass with low performance to indicate the need to pay more attention to these studies if the current reporting is meant to rely such information to the candidates and program directors. The current score reporting system is being used by fellowship program as a selection criterion, which is not the intent of the exam (ensuring a minimum competency level).
- Perhaps more test dates offered? 4 exams in 4 dates meant you most likely had to double up on an exam, especially if you were on maternity leave during a test date.
- You might consider a basic science section. It threw me for a loop that tumor biology was on the surgery section, and a lot of keratinocyte biology doesn't feel tested. Maybe that's ok. But there's a chunk of dermatology that doesn't quite fit neatly into the four domains as you have them split apart.
- Don't restrict the number of core exams that can be taken in the first February administration.

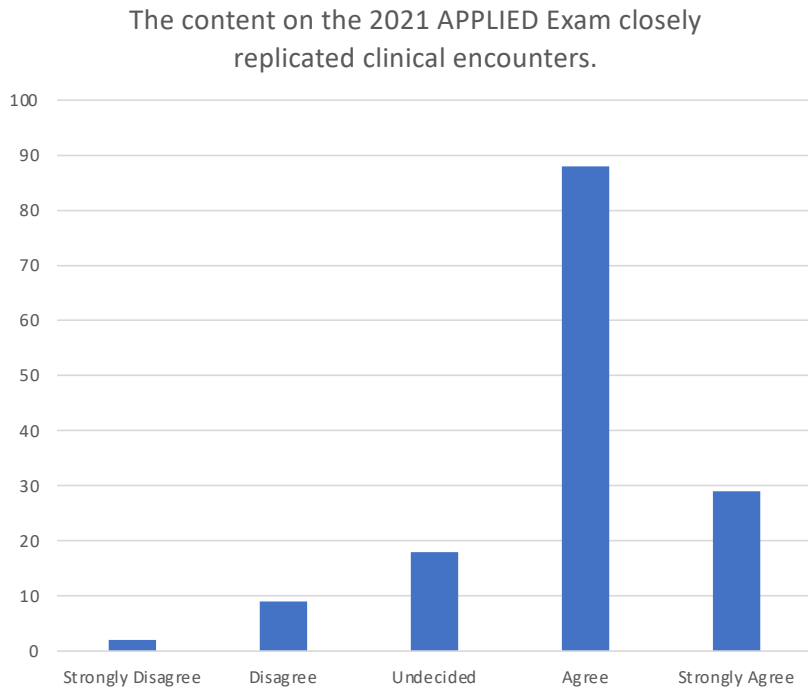
Q5. Which of the following best prepared you for the APPLIED Exam?



COMMENTS

- Being at a residency that saw a lot of complex med-derm cases and that also had a very busy inpatient dermatology consult service was the most helpful preparation for the APPLIED exam.
- Hands down seeing patients. So many of the applied questions I could envision myself in the exam room and move through a thought process and hear my attendings words. Review courses and journal reviews were really high yield to prepare for the more up to date guidelines.
- Question banks

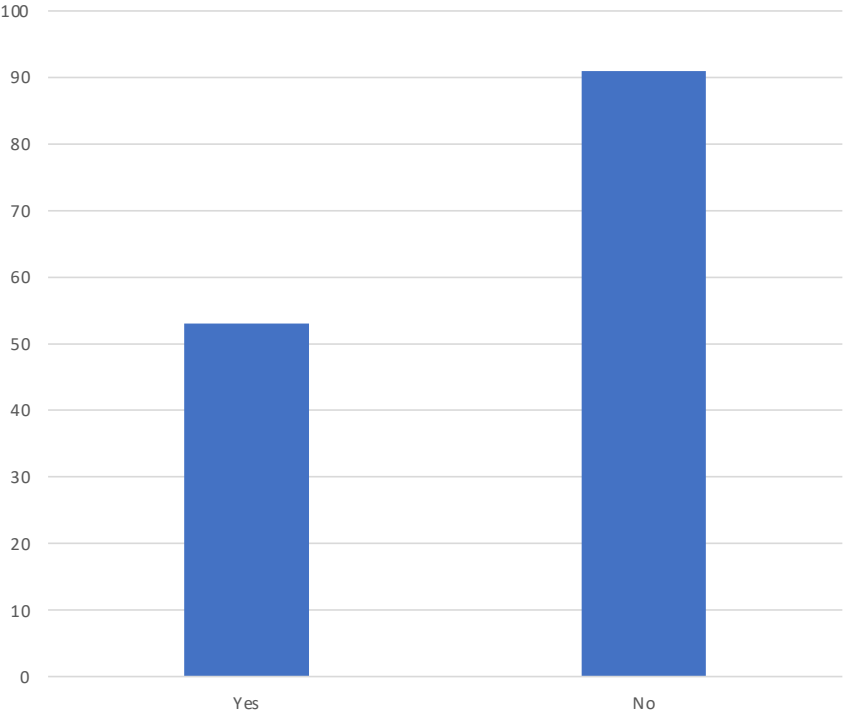
Q6. Please indicate your level of agreement with the following statement about the APPLIED Exam:
 The content on the 2021 APPLIED Exam closely replicated clinical encounters.



COMMENTS

- This was the first exam in my training that I thoroughly enjoyed, it was fun taking the exam, and really pushing myself knowing in several short weeks I'd be in independent practice. After years of memorizing factoids, finally an exam that tested my clinical competency, it was a beautiful, refreshing experience.
- The applied exam was finally what I was hoping to see more of from the ABD. This exam reflected what we see on a day-to-day basis and pushed us to learn and showcase our knowledge set that we learn as resident physicians.
- The content was very reflective of real life clinical encounters and seemed to more realistically test on meaningful material than what we were told was on prior board exams.
- Agreed it replicated clinical encounters, but on several questions more than one answer was appropriate, and I am sure depending on where you trained or your study resources different answers may be "more right"
- I found the questions very confusing and did not align with the content that was stressed during our residency training.
- Great exam! Loved all the CPC
- Too many answer choices that could theoretically be correct but were not "the best" answer
- Overall, it was a very clinical exam which was appropriate and fair.
- I thought the peds questions about what to do when a parent and child want to do different things were hard to answer, since attendings do different things and this is how we learn those softer decision making skills. It would be helpful to put out material on best practices to allow us to learn what those are, especially if they are different from what we see in clinic.

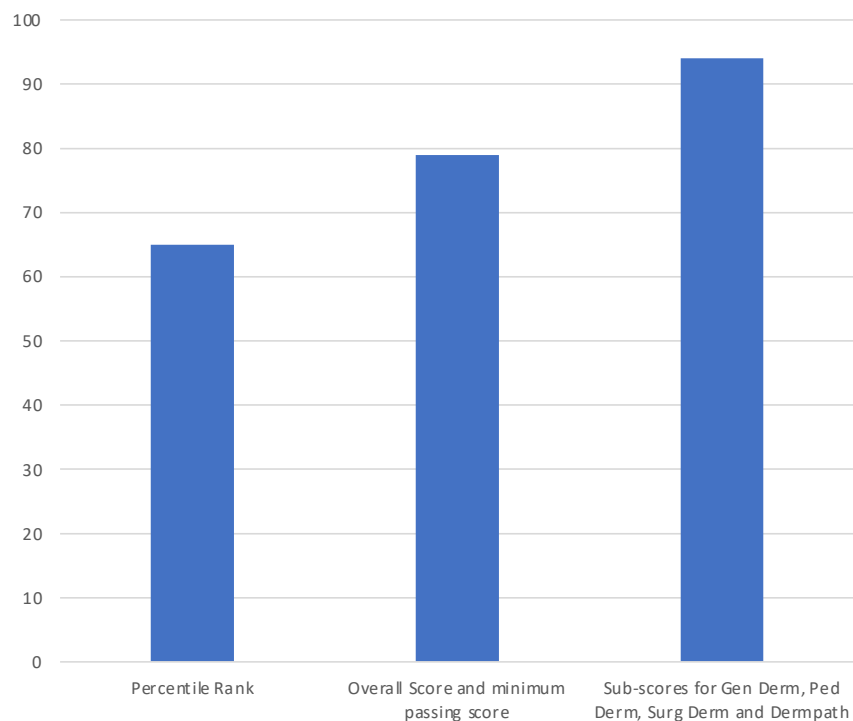
Q7. Candidates from the 2021 APPLIED Exam were provided results as “Pass / Fail”. Should the ABD consider more detailed score reporting for future administrations of the exam?



COMMENTS

- I really liked the pass fail aspect of the exam as that relieved stress. I wish the core exams were the same way.
- Would be nice to know your percentile similar to the way it was reported in the CORE exams. Could help to indicate what you should continue to focus your continued learning on.
- No!! It's the last hoop. Don't create any more comparison.
- I do wish I could have reviewed strengths and weaknesses. The hardest part of these exams is not being able to review and have answers.
- As most dermatologists are prone to neuroticism and obsessive thinking, giving a percentile score would only feed those unhealthy tendencies. The point of the board certification process is to ensure we meet the threshold to practice -- not to receive highlights of our weaknesses. If those weaknesses are too great, one should not pass the exam.
- I'd still like to know how I stacked up vs my peers
- I think if this was privately shared with the test taker it would be helpful but maybe don't broadcast scores. That would really spike my anxiety. :)
- I think if a score were provided it would add even more anxiety to the experience. If more detailed scores are necessary. I would consider just putting people in maybe quartiles. Or just showing people what percentile they fell in for each subject (med derm, peds, path and surg).

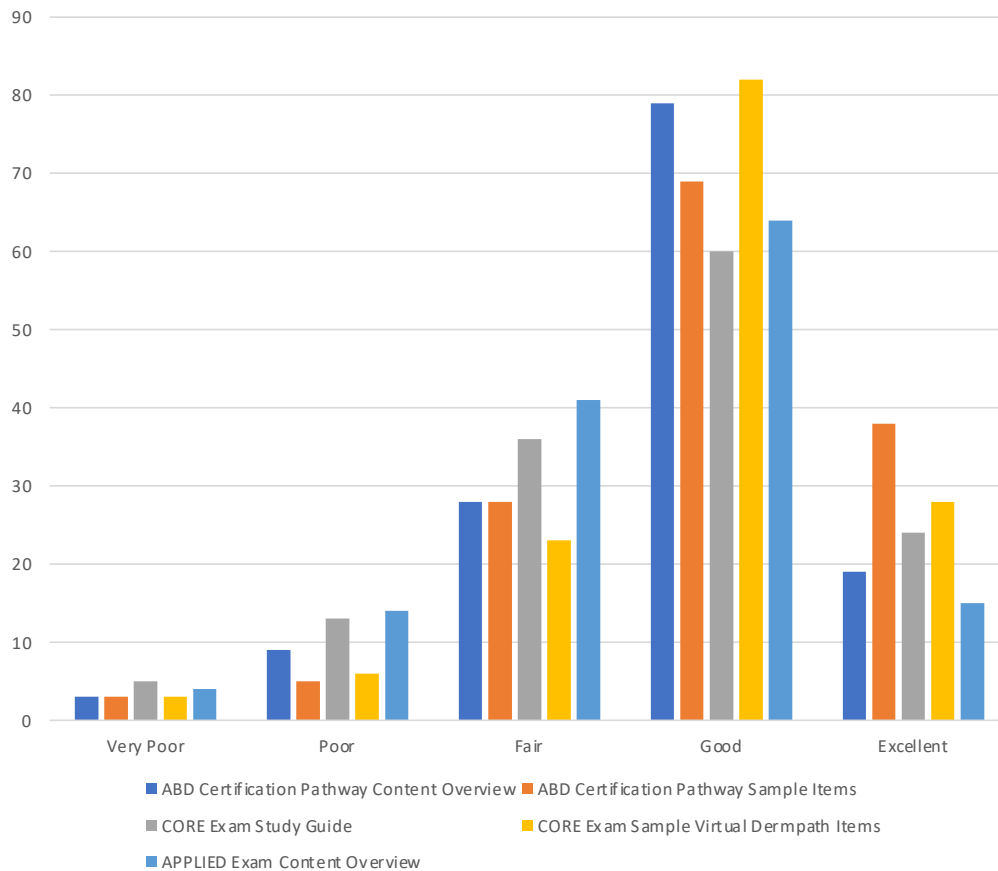
Q8. If the ABD were to modify the score reporting process for future exams, which of the following would be most useful?



COMMENTS

- None of the above. I believe allowing institutions to have their graduate's overall percentiles is helpful for educational planning, but again individual scores aren't helpful in the long run.
- Percentile rank is NOT helpful in this group of overachievers.
- None. That sounds very unnecessary when the CORE already does it. there is good data to show that exam scores do not correlate to good clinical practice. I'm super happy we didn't have percentiles. We should be fostering collegial environments, not shark tanks in medicine.
- Would like to know strengths and weaknesses for this exam
- Percentile rank is a comparison between peers. This is unnecessary when considering your ability to care for patients. An overall score and minimum passing score is helpful to determine your personal ability in comparison to a standard. Sub-scores are helpful to determine areas of strengths and weakness. Percentile ranks are not helpful.

Q9. How would you rate the usefulness of the ABD's reference materials for the CORE and APPLIED Exams?



COMMENTS

- Applied exam content overview was vague. It was very unclear the style/type of Qs that we would encounter. I found Q banks to be most helpful ways to prepare, but this was by pure conjecture and I felt the ABD could have provided more info as to whether Qs would truly be clinical or whether basic science/genoderms and the like would still be tested (since I still studied these extensively anyway to ensure I wouldn't be surprised). Overall, the exam turned out to be very fair, but I had no way of knowing what to expect and that was unsettling in the weeks leading up to the exam.
- Content overview and study guides were too vague and general

Q10. What, if any, additional materials do you recommend the ABD provide residents to prepare for these exams?

- I think the only part of the Applied Exam that was difficult to prepare for were the questions in which we were asked to pick more than one answer, and in which multiple different answers may have been correct. I felt that this was a type of question that most residents have not previously seen on any other type of standardized test. More sample questions of this type, and further explanation as to how these types of questions are scored, would be helpful. Otherwise this was overall a great experience. Thank you!
- Hopefully question banks and review courses will catch up, but it was REALLY tough preparing for the multiple answers and "more than one answer is correct" style questions since none of the review sets for our class tested in that style. Ultimately, if you are clinically competent, the question format shouldn't matter, but it is still helpful to be comfortable with question styles so more time is spent on the actual content than figuring out how you are supposed to select your answer.