

# Resident Newsletter

April 2010



## Getting Ready for the July 2010 Certifying Examination Tampa, Florida

As most of you already know, the 2010 ABD certifying examination will be held July 19 through July 22 and July 26 through July 29 at the American Board of Pathology (ABP) testing center in Tampa, FL (4830 Kennedy Blvd, Ste 690, Tampa, FL 33609). The ABP testing center is located in the same group of buildings as the Intercontinental Hotel (4860 W. Kennedy Blvd., Tampa, FL 33609; 800-235-4670 or 813-286-4050). Another hotel option (approximately 6-8 blocks away), at the opposite side of the WestShore Plaza, is the Embassy Suites Tampa - Airport/Westshore (813-875-1555).

The Tampa International Airport is located approximately 3 miles (10-12 min.) from the ABP testing site. Taxi service is readily available and there is a complimentary airport shuttle to both hotels.

Here is information to help you get ready for the examination.

### Registration

Registration will begin at 7:00 am (local time). The examination will begin at 7:40 am and end at approximately 5:25 pm (local time).

Candidates are not permitted to bring luggage, food, water, books, papers, cell phones, and electronic devices of any type, including programmable watches, into the examination room. Purses must be kept under the desk at all times. The ABD reserves the right to examine all items brought into the room.

ABD staff will be present throughout the examination and will function as proctors.

## Examination Schedule

### Session I

7:20 - 7:40 am

Candidate seating and instructions. Each candidate will be assigned to a carrel with a microscope and a computer for the examination. There will be an honor code statement to complete and scratch paper at each carrel.

7:40 - 9:50 am

Comprehensive Multiple-Choice Examination in Dermatology

The first portion of the examination contains 132 multiple choice questions. In this portion, you will work at your own pace. You will have two hours and ten minutes to complete this portion of the examination. The proctors will announce when 30 minutes, 60 minutes, and two hours have elapsed.

If you finish early, you may leave the room up until the last 10 minutes, when no one will be allowed to leave the room until all test booklets have been collected.

10:00 - 10:15 am

Break

### Mission Of The American Board Of Dermatology

The mission of the American Board of Dermatology is to serve the public interest by promoting excellence in the practice of dermatology through lifelong certification.

*continued...*

## Session II

10:15 - 10:35 AM

Check in and instructions

10:35 AM - 12:05 PM

Examination in Dermatopathology

The second portion consists of 36 microscopic slides in dermatopathology with associated multiple-choice 5-foil or best-of-26-foil questions.

The slides will be contained in six color-coded boxes, each containing six slides. You will have 15 minutes to examine six slides. The proctor will inform you when there are two minutes left. At the end of 15 minutes you will be instructed to pass the box you have completed. An arrow on your table will indicate which direction to pass the box.

12:15 - 12:45 PM

Examination in Virtual Dermatopathology (4 images)

This portion of the examination consists of 4 digital images of microscopic slides loaded on your computer. You will be allowed 30 minutes to examine the images and match the diagnosis with associated multiple-choice 5-foil questions.

This section will be graded but will NOT contribute to your final examination score.

You may leave the room when you have completed the questions.

12:45 - 1:30 PM

Lunch (box lunch provided)

## Session III

1:30 - 1:50 PM

Check-in and instructions

1:50 - 3:10 PM

Examination in Clinical and Laboratory Dermatology

The third portion of the certifying examination consists of 80 digitalized images displayed on the computer, with multiple-choice questions in clinical, laboratory, and surgical dermatology.

You will work at your own pace for this session. The images will be on the computer but you will mark your answers on an answer sheet. You will have the ability to move back and forth from image to image. The proctor will notify you when 30, 60 and 70 minutes have elapsed. If you finish early, you may leave the room, up until the last 10 minutes when no one will be allowed to leave the room until all the test booklets have been collected.

3:20 - 3:35 PM

Break

## Session IV

3:35 - 3:55 PM

Check-in and instructions

3:55 - 5:15 PM

Examination in Clinical, Laboratory, and Surgical Dermatology  
See information for Session III.

5:15 - 5:25 PM

Collect test materials and dismiss.

The results of the certifying examination will be placed in your Profile on the ABD website ([www.abderm.org](http://www.abderm.org)), approximately 10 weeks after the examination.

## ABD CERTIFYING EXAMINATION COST

The application fee for the certifying examination is used to offset the cost of developing and administering the examination each year.

Questions for the examination are selected from a pool of items written and edited by a large committee of dermatologists which meets together once a year. Professional editing, collating, and publication of the questions is done by professional staff at the National Board of Medical Examiners (NBME) in Philadelphia. There is an additional cost for the administration of the examination at the test site; this cost includes microscope and seat rental and fees for examination proctors. Following completion of the examination, psychometricians from the NBME perform extensive statistical analysis before the test results are released to the candidates.

This is a simplified explanation. The work involves many people over many months, each year. The application fee reflects the costs noted above, but it is important to recognize that much of the work is done by volunteer dermatologists and directors of the board, who give generously of their time to produce an appropriate product.

The examination fees among the 24 certifying boards comprising the American Board of Medical Specialties (ABMS) ranges considerably. As one would expect, based on economy of scale, the larger boards are able to charge less for the written examination than the smaller boards. It should also be noted that 13 of the 24 ABMS boards require an oral examination following the written examination. A separate candidate fee is charged for the oral examination.

## Statistics For Academic Year 2009/2010 NUMBER OF RESIDENTS IN ACGME-ACCREDITED DERMATOLOGY RESIDENCY PROGRAMS:

445	1st year residents (PGY-2)
420	2nd year residents (PGY-3)
387	3rd year residents (PGY-4)
7	4th year residents (PGY-5)

## NUMBER OF DERMATOLOGY RESIDENTS IN SPECIAL TRAINING TRACKS:

11	residents in 2009
7	residents in 2010

## NUMBER OF ABD FELLOWS:

33	Dermatopathology fellows
17	Pediatric Dermatology fellows
29	Procedural Dermatology fellows

## The ABD Certification Examination: Facts, Fiction, and Fantasy

### Derivation of the Examination Questions

The American Board of Dermatology certification examination is assembled annually from a bank of questions specifically designated for exclusive use in that test. New questions are created each year by committees composed of directors of the ABD and non-director test committee members. The non-director test committee members are all clinicians who see and care for dermatology patients and they represent various areas of expertise.

The examination itself consists of 160 image associated questions, 132 written (non-image associated) questions, and 36 glass slides (Table 1). The content grid of the examination is shown in Table 2.

### 2010 Examination Composition

TABLE 1

Non-Image Qs	132
Image Qs	160
DP Slides	36
Total Qs	328

*continued...*

## 2010 Examination Composition

TABLE 2

Content Area	% of Examination
General Dermatology	55%
Dermatopathology	15%
Procedural Dermatology	20%
Basic Science	10%

For purposes of equating the examination from one year to another, up to 20% (approximately 65) of the questions are derived from previous examinations. These are rarely taken from the examination administered the previous year.

### Scoring

After the examination is administered, each question is individually analyzed by the National Board of Medical Examiners (NBME) for various performance factors. Questions that perform poorly (e.g. questions that did not discriminate the high group from the low group of candidates, or questions in which less than 30% answered the question correctly) are flagged by the NBME and are reviewed by the directors responsible for the examination. This group of directors then decides to delete or retain each flagged question in that examination. (see page 6 for examples of deleted questions).

The examinations are then scored. Standard setting exercises are frequently performed to assess minimal competency for passing that examination. The subsequent data is compiled and the directors convene by conference call with the psychometrician at the NBME to define the appropriate passing score. The passing score is determined independently for every certifying examination administered. The failure rate for the past 3 years is shown in Table 3.

## Overall Failure Rates

TABLE 3

	2007	2008	2009
Reference Group*	9.3%	4.9%	4.5%
Total Examinee Group**	13.6%	8.7%	8.6%

\*Reference Group: Includes candidates who took the examination for the first time the year they completed residency training.

\*\*Total Examinee Group: Includes candidates repeating the examination and candidates who delayed taking the examination.

### Fact:

- Content is updated annually.
- 20% of the material is from examinations administered over the past 10 years, typically excluding the previous year's examination.
- 80% of the material is unused, newly created questions.

### Fiction:

- A predetermined passing rate is set.
- Questions from the In-Training Examination are mixed with questions from the Certifying Examination.

### Fantasy:

- "Airplane" notes from friends will give a candidate an advantage over applied studying during three years of residency.

## AN INTRODUCTION TO MAINTENANCE OF CERTIFICATION

Once you successfully pass the certifying examination of the American Board of Dermatology, becoming a diplomate of the Board, you will automatically enter into Maintenance of Certification-Dermatology (MOC-D). The certificate you are awarded for passing the certifying examination is valid for ten years. During this ten-year cycle of MOC-D you will be required to fulfill certain requirements which are outlined here and on the next page.

### MOC-D consists of four elements:

- |         |   |
|---------|---|
| Part 1: | Evidence of professional standing                               |
| Part 2: | Evidence of commitment to lifelong learning and self-assessment |
| Part 3: | Evidence of cognitive expertise                                 |
| Part 4: | Evaluation of performance in practice                           |

The following table summarizes the tasks required in order to complete the ten-year MOC-D cycle and remain an active participant. Notation of active participation in MOC-D will be available to the public.

## AN INTRODUCTION TO MAINTENANCE OF CERTIFICATION CONTINUED

### MOC-D Participation

	YEAR	1	2	3	4	5	6	7	8	9	10
Annual \$150 fee		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
License attestation (Component 1)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CME Attestation (Component 2)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patient safety module (Component 2)			✓								
Self Assessment (Component 2)				#1		#2					#3
Patient communication survey (Component 4)						#1					#2
Peer communication survey (Component 4)						#1					#2
Practice assessment/QI (Component 4)						#1					
Examination (Component 3)									✓	✓	✓

It will be each diplomate's responsibility to manage his/her ABD profile at [www.abderm.org](http://www.abderm.org) to accurately reflect the required MOC-D activities.

In order to remain actively participating in MOC-D there must be documentation of each item according to the timeline above. While we highly encourage diplomates to maintain accurate records of their activities on their AAD profiles, self-reporting directly on the ABD profile is required. Verification of many elements of MOC-D will occur via the AAD.

#### License attestation and MOC fee

There must be annual attestation that each license held by a diplomate is full and unrestricted. The ABD receives notifications from the Disciplinary Action Notification Service (DANS) regarding adverse actions taken by state medical boards against licenses held by our diplomates. A committee exists to review these reports and the ABD engages the identified individuals to ascertain further details regarding the action. The MOC fee must be paid annually. **You will be required to begin paying this annual \$150 fee by December 31 of the year in which you pass the certifying examination.** ABD will send reminder emails when payment is due.

#### CME attestation

Every year there must be notation of the number of hours of CME accrued. At present, 25 hours per year are required. Accurate records must be kept separately on your AAD profile as the ABD will use this source of information to verify.

#### Patient and peer communication surveys

No later than by years 5 and 10, each diplomate must participate in surveys sent to patients and peers regarding communication skills. You will be directed to the approved tools to complete this requirement. At a minimum, we expect the AAD to offer the survey instruments. Alternatives will be available to dermatopathologists.

#### Practice assessment and QI

No later than by years 5 and 10, each diplomate must engage in an exercise of practice review. For most individuals, this will entail chart review and abstraction with submission of the data to a third party, for example, the AAD, with feedback relating to evidence-based guidelines. Programs exist, and many more are being developed, to satisfy this requirement. The AAD will offer tools to cover a wide array of topics. Other specialty societies are also engaged in developing similar assessment/QI programs. Any program to which the ABD will direct its diplomates must assure that all data are held only in aggregate and are discarded after reporting. Completion of these assessments can be documented via your ABD profile.

#### Patient safety module

Once per ten-year cycle the diplomate must complete a program targeting patient safety. The module must be completed within the first two years of the 10-year cycle. Resources are available to satisfy this requirement as noted in your profile on the ABD website.

#### Cognitive examination

Once per ten-year cycle, the diplomate must take and pass an examination. While the venue and mechanisms of administration of the examination may change, the basic structure will remain similar to current practice. Only the examination offered by the ABD will be accepted in fulfillment of this requirement.

Visit us often on our website at [www.abderm.org](http://www.abderm.org) to keep abreast of developments and to maintain your profile.



## 2010 IN-TRAINING EXAMINATION QUESTIONS DELETED FROM FINAL SCORING

Each examination given by the ABD is subjected to intense scrutiny by the NBME. Questions that perform poorly are flagged and reviewed by an examination committee. The committee determines whether to keep or delete the question from the final scoring.

A total of 12 questions were deleted from the March 2010 In-Training Examination. Two examples are shown below.

**#26. Which of the following is the most approximate amount of ointment (in grams) required to cover an adult's back when applied twice daily for four weeks?**

- A) 30
- B) 60
- C) 120
- D) 200
- E) 400

**Comment:** The correct answer is D) 200 grams, but because an equal number of residents answered E) 400 grams, the question was considered to be flawed and removed from the final analysis. According to Bologna's textbook, 2nd edition, page 1992, a total of 3.5 grams of ointment is needed per application to cover an adult back.



**#54. Which of the following is the most likely diagnosis?**

- A) Alopecia areata
- B) Aplasia cutis congenita
- C) Lichen planopilaris
- D) Tinea capitis
- E) Trichotillomania

**Comment:** The correct answer is A) Alopecia areata, however the question performed poorly, perhaps because most residents do not have sufficient exposure to the clinical spectrum of alopecia areata. This pattern of alopecia areata is termed ophiasis and is a band of hair loss along the periphery of the temporal and occipital scalp.