In-Training Examination
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The intent of the American Board of Dermatology (ABD) In-Training Examination (ITE) is to identify knowledge-based strengths and weaknesses in both the training program and the residents in a non-punitive manner. Participation in the ITE program is voluntary; however, virtually all training programs participate. We believe that training directors and residents have found the ITE to be a meaningful educational experience.

The ABD continually seeks to improve assessment of strengths and weaknesses related to the practice of dermatology. Recently, subscores for visual recognition and level 1 questions have been included in the performance report provided to residency directors and examinees.

Visual recognition score
Visual recognition questions are those with a clinical image and the straightforward question "What is the diagnosis?". Second-order questions are not included under the visual recognition category, nor are questions where additional information that may lead to the answer is provided in the stem. Dermatopathology and surgical images, while arguably also visual recognition, are not included in the visual recognition score.

Here is an example of a visual recognition question:
- An image of lichen planus with the question "Which of the following is the most likely diagnosis?"

Here are examples of questions that are <u>not</u> included in visual recognition.
- An image of herpes zoster with the question "Which of the following is the best treatment?"
- An image of erythema migrans with the stem providing additional information that the patient has returned from a camping trip in Wisconsin.

We hope that providing this subscore will help identify residents who perform adequately on the exam as a whole but who have a specific deficit in visual diagnosis, so that developing this essential skill can be an area of focus during their training.

Level 1 questions
These questions, which currently constitute one-third or more of the ITE, are basic questions. In assessing resident performance, we felt it would be helpful to know if residents who do not perform well on the exam did so solely because they could not answer the more difficult questions, because they could answer neither the more difficult nor the more basic questions, or (less likely) because they learned the more "esoteric" information without learning the more basic.

Here are examples of level 1 questions:
- An image or description of porphyria cutanea tarda, testing the association of PCT with hepatitis C.
- An image of lichen planus with the question "Which of the following is the most likely diagnosis?" (Note that this is also a visual recognition question.)

An example of a question which is <u>not</u> level 1:
- A question testing recognition of the entity "atrichia with papular lesions."

From the feedback we have received, we believe that most residency directors have found the visual recognition and level 1 subscores helpful, and we plan to continue to provide this information in future performance reports.

Areas where our attempts at improving assessment have not been so successful are virtual dermatopathology and fill-in-the-blank questions.

Virtual dermatopathology

Single digital images of microscope slides, as they appear on ITE, are not optimal for testing ability in dermatopathology, since the relevant area of the slide has already been selected. As it is not possible to use glass slides in an examination given in more than 100 different locations, virtual dermatopathology (VDP) has been explored as an alterative and used in recent years on ITE. The technology for VDP has progressed to the point that it is an excellent simulator of glass slide dermatopathology. Unfortunately, the process for delivery of that technology over the internet to more than 1000 examinees on one day or over one weekend has been less than satisfactory. As a result, the 2009 ITE will not include VDP. However, ABD will continue to pursue VDP as a more realistic assessment tool than still digital images, and VDP may reappear on ITE at a later date.

A new area for assessment in 2009 is medical ethics. Increasingly, there are expectations that medical ethics will be formally taught and evaluated.

Medical ethics questions

In the 2009 examination, there will be 2 ethics questions provided separately on paper. They will not be timed with the rest of the examination. Answers will not be sent to the National Board of Medical Examiners for scoring and will not be included in the performance reports. The format is a case presentation followed by 4 or 5 possible choices. As the nature of ethics questions does not lend itself well to simple multiple-choice format, a written explanation of why a particular answer was chosen is also expected from the examinee. The answer sheets will be submitted to the residency director at the end of the examination. Participation by residency programs in this section of the examination is voluntary. Residency directors whose programs participate may opt to review answers individually or to use the responses as a basis for a group discussion. It is hoped that these questions will assist residency directors in the evaluation of professionalism. If program directors find this helpful, then ITE can be added to the toolbox (see below) of published evaluation methods on the ABD website.

We will solicit your feedback after the examination: value vs. effort.

Final comments

In the past, questions used for the ITE came from contributions from the ABD ITE committee, residency programs, and recent ABD diplomates. The ABD has now restructured its question-writing committees so that they are organized primarily around curricula rather than specific examinations. The result of the reorganization is that subsequent ITEs will be constructed entirely by members of ABD question-writing committees. The ABD would like to thank all of you who have contributed questions in the past. Your efforts were essential to the success of the ITE and are very much appreciated.

Competency	Required Skill	Example Components	Evaluation Methods
Professionalism	Respectful, altruistic	Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercede self-interest	Patient satisfaction questionnaires; 360 Global rating evaluation; OSCE; Checklist evaluation of live/recorded performance
	Ethically sound practice	Demonstrate a commitment to ethical principles pertaining to patient privacy and autonomy, the provision or withholding of clinical care, confidentiality of patient information, informed consent, conflict of interest and business practices	360 Global rating evaluation; Chart stimulated recall; Simulations and models; Patient satisfaction questionnaires; Portfolios; ITE
	Sensitive to cultural, age, gender and disability issues	Demonstrate respect for the dignity of patients and colleagues as persons including their culture, age, gender and disabilities	OSCE; 360 Global rating evaluation; Patient satisfaction questionnaires; Checklist evaluation of live/recorded performance; Oral examination; ITE