2017 ABA Exams Report

Society of Academic Anesthesiology Associations

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Chair, ABA Assessments & OSCE Committees

Mayo Clinic
Rochester, MN
### 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
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
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
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
IN-TRAINING EXAM PERFORMANCE
BY TRAINING LEVEL & EXAM YEAR

Scaled Score


CA-3
CA-2
CA-1
CB
The correlation between the 2017 ITE scaled scores and 2017 June BASIC Exam scaled Scores is 0.622, $p < 0.001$. 
## RELATION OF SCORES
### 2017 ITE TO 2017 JUNE BASIC EXAM

<table>
<thead>
<tr>
<th>Scaled Score</th>
<th>N</th>
<th>2017 June BASIC Scaled Score Mean (S.D.)</th>
<th>BASIC Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤25</td>
<td>217</td>
<td>201 (44)</td>
<td>64%</td>
</tr>
<tr>
<td>26-30</td>
<td>524</td>
<td>228 (41)</td>
<td>85%</td>
</tr>
<tr>
<td>31-35</td>
<td>508</td>
<td>250 (43)</td>
<td>94%</td>
</tr>
<tr>
<td>36-40</td>
<td>306</td>
<td>283 (45)</td>
<td>99%</td>
</tr>
<tr>
<td>41-45</td>
<td>89</td>
<td>325 (47)</td>
<td>100%</td>
</tr>
<tr>
<td>≥46</td>
<td>20</td>
<td>341 (61)</td>
<td>100%</td>
</tr>
</tbody>
</table>
The correlation between the 2017 ITE scaled scores and 2017 July ADVANCED Exam scaled Scores is 0.540, p < 0.001.
## RELATION OF SCORES
2017 ITE TO 2017 JULY ADVANCED EXAM

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

<table>
<thead>
<tr>
<th>N</th>
<th>Mean Scaled Score</th>
<th>Standard Deviation</th>
<th>Pass Rate</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,696</td>
<td>247.6</td>
<td>54.0</td>
<td>88.4%</td>
<td>0.80</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>N</th>
<th>Mean Scaled Score</th>
<th>Standard Deviation</th>
<th>Pass Rate</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,610</td>
<td>248.9</td>
<td>47.4</td>
<td>95.2%</td>
<td>0.75</td>
</tr>
</tbody>
</table>
PART 2/APPLIED EXAMINATION
SUCCESS RATES

Graph showing success rates from 2010 to 2017 for different groups:
- All First Takers
- Total Group
- All Repeaters

The graph indicates trends in success rates over the years, with variations noted for each group.
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
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
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
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
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
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
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 ultrasound anatomy, interpreting an echo)
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
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