

2020 Specialty Certifying Exam Update (1 p.m. Webinar)

Webinar held on October 13, 2020

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CA – Cariel Apodaca

GW – Dr. George Wendel

WL – Dr. Wilma Larsen

GW: Good afternoon. I'd like to welcome you to our webinar regarding the upcoming Certifying Examination in Obstetrics and Gynecology. My name is George Wendel. I'm the Executive Director of the American Board of Obstetrics and Gynecology. First, I'd like to start off by apologizing. This has been a year of incredible uncertainty and change. We have had to postpone tests. We've had to reschedule tests. And again, we're facing uncertainty and postponing tests and rescheduling once again. So, thank you for enduring these unprecedented times as you continue on your journey in your professional and personal lives. The changing pandemic of the coronavirus is continuing to evolve, and we had hoped to have some certainty ahead about epidemiologic trends and vaccine availability.

Unfortunately, instead of having certainty, we have continued uncertainty, and we're trying to plan ahead for the next few months. We recognize and apologize for the stress this has put upon you in your professional lives, on your practices, on your family lives, and the stress that it's causing you in trying to plan for the next few months is not something that we take lightly. We've been working diligently on planning on alternatives, and Dr. Wilma Larsen is going to

give you an update on our current status about the postponement of exams and rescheduling of exams for 2021.

Again, we made these decisions very diligently, and as Dr. Larsen will explain with a lot of outside consultation, and I hope that this webinar will give you better understanding of where we are and why we made the decisions that we made. With that, I will turn things over to Dr. Wilma Larsen, who is the Associate Executive Director in charge of examinations here at ABOG. Wilma?

WL: Thank you, George. I would like to welcome all of you to our webinar today. Hopefully you can all see my screen with the 2020 Certifying Examinations title slide on it. Our host today is Cariel Apodaca, who you also see on your screen.

The first thing that I want to go through with you is what we've used as our guiding principles throughout this time as we've tried to make decisions regarding all of our examinations. As you may well be aware, we did have to delay our Qualifying Exam this summer. We have cancelled the 2020 iteration of the Subspecialty Certifying Exam and moved that into 2021, and now we are changing the format of the Specialty Certifying Examination.

As we've gone through all of this, we've tried to keep these guiding principles in the absolute front of our minds as we've made decisions to make sure that we are making a decision that we are happy with moving forward. As you can see here, the first guiding principle for us throughout this time has been the safety of our stakeholders, and that includes not just you our candidates, but also all of our own staff, our volunteers, anyone that's been involved in the examination process. And our other guiding principles have been there. As Dr. Wendel mentioned, as we've gone through this, we have not done this in a vacuum.

As we looked at the Specialty Certifying Exams and made the initial decision to move November and December into the February time frame, and now this second decision, we've had a national stakeholder group that has worked with us and advised us, that we've bounced ideas off of, and discussed things with, that included candidates for our exams: junior fellows, people

that were direct stakeholders to the process. But unfortunately, as you're all aware, the current models for COVID predict an increasing number of cases in the fall and going into the new year. What we had hoped for vaccine availability is not panning out.

Now we're also looking at 2021 for that, and therefore, we made the decision it would be unsafe for us to administer an in-person examination in the January and February time frame. As such, we made the decision to transition the specialty exam to a multiple-choice computer-based exam to be given on the 2nd of February in Pearson VUE testing centers throughout the country.

Those appointments are now live. You should have received an email this morning regarding that, so you can go in and book your appointment. It is important to remember that if you need either a lactation or disability accommodation, you must contact us prior to booking your appointment because that appointment has to be booked through the Accommodations Department. So please make sure that if you do need a lactation or disability accommodation, don't go directly to the Pearson VUE site and book your appointment. Please contact us first, and the email is listed here.

The exam format will be multiple choice questions that will be clinically based, and they will cover the breadth and depth of the specialty. Many of the questions will cover more than one category, but the goal is to cover the blueprint during the examination. Now one of the things that you I'm sure will realize is that we're not incorporating an actual review of your case list during the examination.

However, in order to take the examination, your case list does need to be approved. All case lists that were submitted for the 2020 Specialty Certifying Exam have been either approved or need additional information, so every case list has been looked at by ABOG. Information is available for you on that on your portal. If you go to the home page on the portal, this is what it will look like. This that's underlined in blue is the case list icon. If you click on that icon, if your case list has been approved, this is what you'll see. Your case list has been approved. You don't need to do anything in addition.

If, however, your submitted case list has been reviewed but not approved, you might see something like this. You'll see the different case lists that you've submitted and what needs to be done. In this case, the first one says, "Your case lists collection dates are blank. Please correct by filling in the dates from your case list collection time frame." That would be the verification form. Please upload only the affidavit page. The information as to what you need to do to complete your process will be listed when you click on that initial icon.

If you have any questions at all, please feel free to contact us and we'll be happy to guide you through this. You can schedule your Pearson VUE testing center appointment prior to receiving approval of your case list, but if in the end, the case list was not approved, then that appointment would be cancelled.

The examination, as I mentioned, will be based on the blueprint, and the blueprint is located in the 2020 Specialty Certifying Exam bulletin. It lists task statements for all of the subcategories. It goes down to a very detailed level. Now the exam itself will be approximately thirty percent OB, thirty percent GYN, thirty percent Office Practice, and ten percent Cross Content.

If we look a little further, the subcategories for obstetrics are listed here, and I'm not going to read those to you, but the percentages that will be tested from each of the subcategories are also listed. For instance, approximately two percent of the obstetrics questions would be under postpartum care. These percentages are all listed in the bulletin.

Here are the gynecology subcategories. Again, with the approximate percent that will be on the examination.

Here we have the office practice subcategories.

Here we have the cross content subcategories.

Now as I mentioned, the full blueprint is available, and it goes down to the task statements, and so in preparing for the examination, you'll want to look at the task statements because they can be translated into question areas. They should help to guide your studying for the examination.

Just to make sure that you understand what I mean, these are task statements and obstetrics. This is the primary category of Evaluation, Diagnosis of Antenatal Conditions, as you can see here. The subcategory for this is Evaluate, Diagnose, and Manage Preconception and Antenatal Conditions.

Then the categories are below that. For instance, "Common antepartum complications (for example, hyperemesis and first trimester bleeding)." So those would be areas where a question could be written to test the task statement of common antepartum complications. This is how we would recommend you look at the examination, and again, the subcategories percentages are in the bulletin. In this case, the percentage is seven percent, as is listed here.

I have a few examples of questions, one from each of the areas. Here is an example of a question from obstetrics, and it's specifically from the task statement of OB 3.1.B - Evaluate, Diagnose, and Provide Operative Delivery. I'm not going to read it to you, but here's a clinically based scenario: 39-week gestation and the question is, "Which of the following is the best intervention to lower her risk of surgical site infection?" In this case, the correct answer is bolded. In this case, the correct answer would be cephazolin. That would be an example of a clinically based question in a particular task statement area that could be on the examination.

Here's an example of a gynecologic question. Again, there's a clinical scenario. This one's a little bit more involved. The question is, "Which of the following is the best next step in management?"

In this case, the answer would be to perform immediate operative laparoscopy. So again, clinically based, causing you to think about how would you manage a patient with this particular clinical issue? Again, this is gynecology 4.1.B, which is Evaluate, Diagnose, and Manage Intraoperative Hemorrhage.

Here's an example of an office practice question, Evaluate, Diagnose, and Initiate Management of Infertility Disorders. A clinical patient is presented and which of the following is the best next step in evaluation?

And then for cross content, a clinical example, this falls under Pharmacology C2.1.G. Again, a clinical scenario of a patient is presented with a question regarding complications from a patient who would be potentially given opioid therapy. That would be an example of a clinically based cross-content question.

As with all of our examinations, the cut scores are determined psychometrically. In order to determine what the passing score will be for this examination, we will be performing a standard setting, which is a psychometrically valid way of determining how or where the cut score should be set, and that is part of what takes the period of time between the test administration and the score release.

Results of the exam will be available no later than March 19th of 2021, and we will send out an email the day prior to the release of the results so that you will know to expect them. We will be releasing a score report with the examinations and it will have a more detailed score breakdown because it's a computer-based examination to the level of the sub-categories.

Now, this video, the video of the webinar, as well as a PDF of these slides and the answers to the questions that we're going to answer now, will all be available on the ABOG website for yours and anyone else's who's a candidate's evaluation and reference between now and the time when the examination is administered.

I'm going to leave this slide up as we go through and answer questions so that if anyone needs to, they can write down our email address and our phone number if they need to contact us for any of the information that I've gone over today. Cariel is now going to start with our process of answering questions.

How will the exam be scored? What will determine pass or fail?

WL: So, I briefly covered that. The cut score for all of our examinations are determined by a psychometric analysis. Psychometrics is the science of analysis, essentially. The process is called standard setting. The examination is evaluated using subject matter experts, and they help to determine the cut score. This is the gold standard for setting the cut score on a new computer-

based examination. Because this is a new examination, and you're a new set of candidates, there's no ability for us to equate this to any type of prior exam that we've given or use any other psychometric analysis.

How many questions will be on the exam?

WL: Approximately 200.

Will this exam format "count" in the same way as the regular oral boards? Will it be a temporary or limited certification with requirements to take an actual oral exam in the future?

WL: No. The computer-based CE will determine certification for the candidates who pass. Those candidates will be certified, will not be required to take an additional oral examination in the future.

If miraculously COVID is no longer a consideration in February 2021, is there a chance you could switch the format back to oral exams? Or can you guarantee this exam will remain computer-based?

WL: The amount of time and effort planning into an examination is significant. There is no ability for us to make a rapid change. This is going to be the format of the examination. It will be computer-based.

Should the situation with COVID become worse, is there a chance this exam could be delayed again or canceled altogether? If so, will it remain in computer-based form, even if that extends into the 2021 cycle?

WL: If the situation worsened, and the Pearson VUE centers cut back on capacity, our plan would be to add a second date to allow candidates to take the examination. If all Pearson VUE centers were closed due to a countrywide increase in COVID, we would look for alternate dates later in the spring. If the situation worsened to the point where we really couldn't give an examination in the in the spring or summer, we would have to reevaluate the situation. But our plan is to make every effort to give this examination as early as possible in 2021.

Given this is the first time this has ever occurred, are all the test questions going to be newly written and untested prior to our exam since this is the first year? Who is doing this, and how are you verifying the questions are accurate, up-to-date, and applicable on such a short timeline?

WL: When we write, when our SMEs author computer-based questions, we already have a percentage of them that are written at the upper level of Bloom's Taxonomy requiring analysis and synthesis with clinical scenarios. Many of these questions have been field tested or tested for performance, and they do have statistics or performance associated with them, but remember, this is a new examination. You're a new group of candidates. That's why the standard setting is going to be so critical for the scoring and psychometric validity. However, our SMEs, which we have a cadre of SMEs that work with us on the Certifying Exam, they are working with us diligently to ensure that we have questions that we need, and that they're reviewed, they're accurate, they're reliable, and they're up to date.

Can you briefly discuss item analysis that's done after an exam is administered?

WL: So, whenever we administer any computer-based exam, all the items are analyzed for performance. Any items that don't perform the way that we expect them to within a certain set of parameters are then re-analyzed, not just before the exam, but after the exam, to make sure we didn't don't miss anything as far as the accuracy or the reliability of that particular question. Both of those processes will occur for this examination.

How is this exam different than the written boards we took upon residency graduation?

WL: The format of the exam is going to be the same as the exam you took upon residency graduation. It will be a computer-based examination. They will be multiple choice. By far, the majority of them will be what we call continuum questions, which mean that all of the potential answers, or what we call distractors, could be correct but one is the most correct. However, all the questions will be based on clinically relevant topics. There will not be questions that are not related to clinical care. So, for instance, we wouldn't have a question on statistics that just says, "Which of the following is the definition of positive predictive value?" That would not be a clinically related question. That will be a difference between this and the Qualifying Exam that you took when you graduated from residency.

GW: Wilma, if I'm reading into that question, will they be required to know dosages of drugs and things like that?

WL: Thank you, George. We actually have that. It's a great question. We actually have that exact question coming up later in the grouping of questions, but the dosages would only be in very rare instances, and it would not be a dosage of a very rarely used drug that's almost never administered. I wouldn't say that there could never be a dosage, but that would be very unusual for this examination.

Will this exam be curved based on a bell curve or can all candidates pass the exam?

WL: There is no curve for any of our examinations, bell curve or other type of curve. Again, I've explained how we're setting the cut score, and we will be using psychometric analysis to determine where the cut score is.

Will everyone be tested on the same material?

WL: Yes, there will be the same material across all candidates.

How are our case lists being used for the exam?

WL: So, the case lists are not being used during the examination process. They are being reviewed for eligibility to take the examination. There has been a tremendous amount of work over the last period of time to do that. As I said, all of them have been initially reviewed. They're not being tested individually on the exam.

Will there be a penalty for guessing on this exam?

WL: No.

The FAQs suggests that if we take and fail the online exam offered on February 2, 2021, we may take the oral exam next year in the 2021 cycle. Is this true for all candidates regardless of ABOG history and their status regarding eligibility?

WL: That is true. If this is the last year of eligibility and the candidate is not successful on the computer-based Certifying Examination, they will be able to take the 2021 Certifying Examination.

Since ABOG does not have to pay to have examiners administer the oral board, the cost of the exam should go down considerably. Will we receive a refund, and if so, how much and when?

WL: Unfortunately, in order to offer an examination for the 2020 cycle, ABOG is paying over a million dollars in contract penalties. Additionally, there's a significant fee for the offering the examination at the Pearson VUE centers. So, we will not be offering a refund for this exam.

If, however, a candidate chooses not to take the computer-based Certifying Exam and does not want to roll over their fees, we will be happy to refund their money. They just need to let us know by contacting us at the email or phone number on the screen.

If one doesn't finish the exam questions due to a time constraint, will the remaining questions be marked wrong? Is it best to go through all questions at the end and put down any answer?

WL: All questions that are blank will be scored as incorrect. How a particular candidate chooses to approach the exam, we're not going to make any recommendations. But yes, any blank questions will be scored as incorrect.

Will we be able to see what the interface will be like for the exam, how the layout of the questions and arrows on the screen will look, ability to star a question and be able to go back to it, ability to skip and review all questions at the end?

WL: The interface will look very similar to the Qualifying Exam that you took at the end of your residency. You'll be able to flag questions and go back to them. You will be able to skip questions, flag them, and go back to particular questions.

Is the exam standardized or related to the individual case list?

WL: The exam is standardized.

I'm sure you considered the option of some kind of live web oral exam. The candidate could still have to go to the Pearson VUE testing center for the security, integrity, and video conference with the examiner.

WL: Pearson VUE centers don't currently have the capability that is described in this question, with very few exceptions. However, both Pearson VUE and Prometric are considering

development of that type of an option for the future. We are still working on the virtual testing capacity, and we do expect to have that in the future if we need it. However, we did certainly consider this, but did not feel that it was an option for the Specialty Certifying Exam this year.

Why not just why not just postpone everyone to next year?

WL: We don't currently have the capacity to double our testing numbers in one year. This would mean doubling the number of examiners and doubling the number of weeks. Currently, our examiners, just like most of you, have restrictions on travel, restrictions on money. Everyone is suffering because of the COVID pandemic, so volunteers wouldn't necessarily be able to do more than one week of examinations. If we made the decision to postpone everyone, it would be very likely that it would be more than one testing cycle of postponement.

Is there any consideration being given to the possibility of offering a second test date?

WL: At this time, we would only offer a second test date if the capacity at the Pearson VUE centers became limited due to an increase in COVID. Fortunately, Pearson VUE was able to give us a date where they could meet the numbers of all the candidates that need to be scheduled. Again, we'll only offer a second date if we are forced to because of COVID.

Will there be questions on biostatistics?

WL: I gave the example of we wouldn't be asking a definition of positive predictive value type question. The blueprint does include epidemiology and evidence-based medicine and clinically relevant questions, and that could be included, but not purely biostatistics.

When will I find out if my case list was accepted?

WL: If you go to your portal, you should be able to find that out now.

In regards to cervical cancer screening and management, should candidates be prepared to provide answers based on the most recent guidelines and recommendations released by the American Cancer Society or those released by the American Society of Colposcopy and Cervical Pathology?

WL: Questions will be based on the joint statement from both societies that came out in 2020.

Would we be required to know specific doses of medications that are uncommonly used and exact percentages?

WL: No, as I mentioned earlier, there may be medication information on the exam, but it will be clinically relevant and will not be exact percentages or doses of uncommonly used medications.

How can you say this test is sufficient to make an applicant board certified this year, but it will not be sufficient next year? And if it is sufficient, why are we forcing individuals to spend thousands of dollars on a much more expensive test with more expensive travel? I would like any reasonable justification that can say this test is sufficient for board certification one year, but insufficient the next. Either the test is sufficient in both forms of certification are sufficient and we should not be subjected to unnecessary expenses, or this is an insufficient test and we should not be saying someone is board certified and capable of functioning as such if the test is inadequately designed to say such.

WL: While we appreciate your concerns, we feel it is very important to allow candidates to achieve board certification safely in this unprecedented situation. Postponing the exam would mean candidates would postpone their certification, which could possibly cause delays in employment and careers. We're offering a computer-based exam as an option for this year only, and we will develop a valid, defensible, and psychometrically sound examination. We at ABOG still strongly believe that the in-person oral examination format is currently the best way to measure a physician's knowledge, judgment, skills, and individual practice. That is why we

will move back to that format of the in-person oral examination as soon as the risk of COVID-19 allows us to do so.

GW: It's also important to add that we are a peer organization. We represent the 35,000 diplomates that are already certified in obstetrics and gynecology and our subspecialties. These decisions are not made in isolation. They're made with input from subject matter experts, who are much like you were when they were taking the test. They've finished their training, they're taking care of patients, they understand the standards and what the standard needs to mean to the public and to patients and to colleagues. This was a one-time exception that was allowed by our Board of Directors representing diplomates, the public, and the patients we serve.

Will the OB, GYN, and office sections be separate, or will questions be mixed together?

WL: All the questions, including cross content, will be mixed together.

Will there be linked questions, so those that once you select an answer, that answer can't be changed because it leads to another potential question?

WL: No.

How current will the questions be to current recommendations? What is the cutoff month and year?

WL: Approximately August of 2020 would be the cut off.

How many sections are on the exam?

WL: There aren't any specific sections. It's one examination lasting up to four hours, with approximately 200 questions.

Will MOC exam questions or article questions be utilized?

WL: No.

If you have special accommodations already approved for the examination, will that be accommodated for the new exam?

WL: Unfortunately, because this is no longer an examination at our building in our office where we control the aspects of it, you will need to make a new request. The exam is being held at Pearson VUE and the accommodation may be different than what you requested, and it will have to go through the Pearson VUE Accommodations Department. Again, if that is the case, please contact us as soon as possible at either the email or number that are on the screen that's being displayed.

I understand I can use my current case list for next year, yet I have to meet the requirements for 2021. Since the requirements are different, are we able to just add on cases from an 18-month period? How will the discrepancy be solved?

WL: If there are candidates that this applies to, we will work with you individually on this issue, and we would ask that you contact us. Thank you.

How difficult will this exam be on a scale from CREOG hard to MOC easy?

WL: Because we don't have any involvement in the development or administration of the CREOG examination, we really can't make any comments or comparisons to the CREOG hardness. This is not an MOC-type examination. It would be more like the Qualifying Exam, but without any non-clinical knowledge questions. Again, we can't really comment on the CREOG aspect of it. The questions will be continuum, meaning that for the most part, all of the questions we'll have the distractors being possible but one answer being most correct.

GW: It's important that the questions will be assessing judgment, critical thinking, and the types of things that were assessed in the oral examination. They will be delivered in writing but the same material will be covered.

Can you explain why multiple choice as opposed to a remote oral exam?

WL: Hopefully we've covered that. We were not able to put forth a virtual oral examination for this year and that's why we've gone to the multiple-choice option.

What is the expected pass rate? Is it the same as the oral exam?

WL: There is no expected pass rate for the oral or for the written exams. The pass rate for the oral exams has varied, as probably most of you know, over a number of years. It's always averaged out at about 85 percent, but it's different from year to year. There is no expected pass rate for this examination.

I found the blueprint, but I cannot seem to find the task statements. Where are the task statements?

WL: They're in the appendix at the back of the bulletin. The subcategories of the blueprint are in the bulletin itself with the percentages. If you go to the back appendix area, that's where the task statements are.

CA: I believe they're actually called topics in the in the bulletin.

WL: I believe that you are correct.

Have people been able to register for the exam? I received the email this morning, but I don't have the scheduling task on my portal task list. My case list is approved, and I don't have any pending tasks listed.

WL: I'm sorry to hear that, but if you could just please send the Exam Department an email, we will sort that out for you, or give us a call.

Will there be images and figures as part of the question stems?

WL: There may be images and figures and/or figures as part of the question stems, yes.

What is the best way to prepare given the change in format? Does ABOG have any kind of item banks or other, besides the ones that you provided in your presentation, any examples or practice questions available from ABOG?

WL: There are no, other than the ones that that I gave as examples in my presentation, which will also be on the ABOG website. We don't have a bank of practice questions, no. There's a lot of different material out there for studying. We don't recommend specific material as a general rule.

Will the cut point be normative or criterion-based?

WL: It will be based on the standard setting.

Does my passing depend on how many questions my colleagues answer correctly?

WL: Your passing will be based on your score and the cut score is developed by the standard setting.

Could you kindly verify that if someone fails the MCQ exam, can they use their current case list for the subsequent year when presumably back to an oral board format?

WL: Yes.

Would you recommend study materials tailored towards the written boards initially?

WL: Because it's a computer-based exam, certainly potentially materials geared towards a computer-based exam could be very helpful. There won't be any fill in the blanks or write a short paragraph type questions. It will all be multiple choice questions.

So we don't know if this will be similar to CREOG or more like the written exam. Should we expect longer clinical scenarios?

WL: There will be a variety of length of clinical scenarios on the examination. However, we intend to keep the questions such that the exam can be completed in the four-hour time limit for most candidates.

Do you need to pass a cut off standard for each subject area, or a total score cut off, or both?

WL: A total score cut off.

What safety precautions are the Pearson VUE test centers taking?

WL: Pearson VUE has taken significant safety precautions. The Qualifying Exams for the candidates that graduated from residency and fellowship this year were given at Pearson VUE. If you go to the Pearson VUE website, which I believe we included on our very first email, the link to that, but you can read about the different precautions that they're taking and everything

that they've instituted. We had no candidates that felt that they'd been put at risk or contacted us after the Qualifying Exam. Pearson VUE is following the CDC and all state guidelines.

If the candidate fails this new written exam, will they be required to submit a new case list and pay a new fee prior to attempting an oral exam in 2021?

WL: They will be required to pay a new fee.

Can someone take the exam in countries other than the United States or Canada where Pearson VUE centers are available, like in Europe?

WL: If someone needs to or desires to take the examination somewhere other than the main Pearson VUE centers in United States and Canada, they need to contact us.

Will ACOG offer additional practice questions to guide candidates in the types of preparation to do? Examples, basic science versus clinical context.

WL: I can't answer that question off the top of my head. ACOG is aware of the change to the format, but I don't know if they have any plan to offer any type of preparation questions.

Is it possible for everyone to pass the exam?

WL: Sure, if everyone got 100, all of the questions correctly, everyone would pass.

GW: I think that that point is well taken, and that's a good question. Every year, on the any of our exams, everyone could pass the examination, and that could happen on our oral exams, too.

What will be the percentage of questions in our exam that are newly written versus ones that have already been previously tested and written?

WL: The questions on the exam will all have been previously written, but some may be modified. I can't tell you an exact percentage.

If a candidate was ill with COVID-19 on the testing date and unable to take the exam, would there be an alternative date that would be available for testing once they had recovered?

WL: That's a really good question that we had not yet considered. We will have to discuss that and we'll put out an answer to that question in the future. We did offer an opportunity to take an alternative test for the Qualifying Exam only for those candidates who were ill with COVID. I believe it is very likely that we will come up with an alternative such as that for this exam as well.

Are future jobs going to see our cohort of board certification differently? What is ABOG going to do to stand by us and prevent discrimination against 2020 candidates?

WL: I really don't think I can answer whether future jobs will see this as different. We certainly will defend our process that this is a psychometrically defensible and sound process that we would not be using if we didn't believe that candidates who passed this exam deserve to be certified. So certainly, you know all of our communications that we're putting out will support that. I don't know that we have the ability to predict if someone or anyone would say that the 2020 diplomats are different in some way.

GW: It's a really good point and a good question. Every other board that is making accommodations this year to alternate methods of test delivery is facing the same thing. They are all going through rigorous psychometric steps to make sure that the decisions made this year are just as certain as the decisions made on any other year. I can tell you we have had this

discussion with our board, with our subject matter experts, and we believe that the steps we're putting in place in exam development, exam delivery, and item analysis will be just as defensible as all of our processes have been in the past. We will stand behind this decision just as firmly as we always have been with other exams. We view certification as a lifelong process and we want to know we're there with you through this process, as well as the rest of your career when you're in Maintenance of Certification. We do not believe this is a secondary standard for certification this year and will stand up to any form of scrutiny that anyone would have.

If only certain Pearson centers are unable to open the day of the test, for example, a regional snowstorm, would ABOG offer them an alternative date to take the exam?

WL: I mean that's a really good question. We do not normally offer alternative dates. However, certain emergencies, we have done that. I think we would certainly consider trying to do that if there was a snowstorm or some other emergency that prevented a group of candidates from taking the exam.

GW: We've had power outages, we've had natural storms that have interrupted exam delivery in the past, and we will make accommodations and take care of things if they occur in that fashion.

Once the case list is approved, is there anything else required regarding the case list for this exam?"

WL: No, there's not.

Is there a due date for resubmission of affidavits?

WL: I would say please resubmit your affidavits as soon as possible because, of course, there are always competing priorities for resources. As you're probably all aware, the Qualifying Exam applications are open as well, and have to be processed. There isn't a specific due date, but I would ask that you resubmit them as soon as possible.

Will case list audits be performed more frequently this year?

WL: Case list audits will be performed based on contents of the case list, just like always.

I'm not sure that everyone's understanding of psychometric evaluation is the same as us at ABOG. I think a concern is that oral pass rates are higher than written. Will this be taken into consideration?

WL: I believe if you look at back at our overall pass rates for many years, they're not significantly higher from the oral than the written. However, we will certainly be taking all aspects of the exam into consideration as the cut score is developed.

GW: I think there's a common misconception about that very statement. Indeed, there really is not that much difference in the performance on those two types of deliveries. I think there was a question about defining psychometric, and that really is probably a good point. Wilma, do you want to address that?

WL: So, psychometrics is the science of test delivery and test administration, so it's an overall science that has to do with how do you provide a certification or any other type of test that's fair, valid, and reliable. The most important aspect of psychometrics, as it pertains to this particular exam, is the standard setting which I mentioned. That is because this is a very different cohort of people that are taking this examination than the cohort that take the Qualifying Exam. Standard setting is using a group of subject matter experts going question by

question to determine whether or not the candidate who is qualified, but minimally qualified to be certified, would be able to answer that question correctly. It's a difficult process for me to explain in just a couple of minutes on a webinar, but it looks at every question individually by a significant group of subject matter experts. That is the most critical and important process to make sure that this examination is fair, valid, and reliable for all those of you that will be taking it.

GW: I can say we have talked long and hard about making sure that this is the right decision, and if we didn't meet industry standards for assessing you on this examination, that was fair, it was reliable, it was valid, meaning it's testing what we think it's testing, we would not have moved in this direction. We want to reassure you that we have been through all of these discussions and feel very comfortable that this is the best way this year to administer the Certifying Exam given the conditions we're in.

Are breaks allowed during the exam?

WL: Yes, you can take an unscheduled break to use the restroom. There's also the ability to schedule a lactation break that will increase the amount of time on the exam by 30 minutes.

Will standard review courses address the material adequately?

GW: No comment.

If I may be honest, it seems like one could make the argument that case lists are obsolete since a universal written exam is being used this year. Will this change how case lists are used in the future?

WL: Every year, we look at our examination process. We look at the science surrounding it, and we make decisions on things that we want to change, update, improve. At this time, we will still be using case lists in the future to examine on each individual's clinical practice.

If we're requesting accommodations, for example lactation, should we wait for a written or email response from ABOG before scheduling?

WL: Yes.

Will we have a whiteboard or scratch paper during the exam?

WL: I believe you will have a pencil, and you can have blank scratch paper that you have to leave at the testing center when you leave.

Is this a single answer question or can we pick multiple answers for the same question?

WL: Single answer, but again, it's a single best answer, meaning all the distractors will be correct, but one will be most correct.

Will there be any sort of references available in the computerized interface? For example, normal lab value ranges, etc.

WL: There will be questions that may have normal lab values listed within the question. There will not be an overall interface that lists everything for the single exam.

Will there be anatomy questions?

WL: Yes. The goal is to cover everything on the blueprint, and anatomy is part of cross content.

I know you said 200 questions and the email set over four hours, but is it four hours to answer the questions or the whole process including intake and exit processing?

WL: If you mean intake and exit from the building, no. That is not included in the four hours. The only thing other than questions that is included in the four hours is the NDA, which is the statement that you attest that you understand you can't share the questions and that there is security involved in that, and that normally takes less than a minute to answer.

Do we need to know the mechanism of actions of drugs?

WL: Pharmacology is also part of the blueprint, so clinical pharmacology could potentially include mechanism of action of medications.

After resubmitting, what is needed for the case list to be approved? For example, a corrected affidavit. And how long before we find out if the list is approved?

WL: Once you've resubmitted, the correction will be reviewed and it will be approved and that will show up on your portal. I can't tell you between the time, if you've submitted it today, I can't tell you exactly whether or not it will be approved today or tomorrow because there are a number of people that have to resubmit changes. I can tell you that we are working very hard, that this is a priority for us.

Will there be a notation on candidate's board certification that indicates the multiple-choice exam was taken rather than the oral boards?

WL: No.

Will there be questions where we have to read a short article or drug advertisement and answer questions about it?

WL: No.

If you were in fellowship for the past three years, are you responsible for knowing the updated management strategies, as some guidelines have changed in that time, or will the exam be structured in a manner to assess global clinical concepts?

WL: Just like if you were taking the oral in-person exam, you need to know the most updated management. There's no difference to that because just because it's a computer-based exam. We would expect you to understand the changes that have taken place over the last three years if you were taking the in-person exam as well.

GW: I think it's important just to reiterate that the blueprint was designed to cover the certification exam regardless of the method of delivery, so the material is not different than it would have been had this been an oral exam rather than a computer-based exam.

Is the new Certifying Exam format going to be more difficult than the Qualifying Exam?

WL: The new Certifying Exam will be multiple choice exam, just like the Qualifying Exam. Whether it will be more difficult or not is hard to say. It depends on each individual, their studying, all those sorts of things.

Do you anticipate that since we'll be given a numerical score, it may become routine for prospective employers to ask our cohort for our specific score rather than just a pass or fail when considering us for future jobs?

WL: The score that you will be given will be a scaled score, not a score where the employer would be able to even make a determination based on that. I would not anticipate that would become an issue in the future.

Unfortunately, we weren't able to get to all the questions, as you can see. We will go through and answer all the questions and post answers to the questions on our website, as well as a PDF copy of the slides that were given today, as well as recording of the webinar once that is edited and ready. All of that will be posted on our website for reference for the future.

CA: Thank you all so much for joining us and we'll let you know as soon as this all of the information Dr. Larsen just discussed is posted. Everyone have a great week.