

## 2022 Virtual Specialty Certifying Exam

Webinar held on August 23, 2022, at 1 p.m. CT

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**DD - Dr. Deana Dynis**

**PS - Dr. Pooja Shivraj**

**BH - Dr. Barbara Hoffman**

**KD - Kirk Diepenbrock**

**GW - Dr. George Wendel**

**DD:** Okay, it looks like most people are in. Good afternoon. I'd like to thank you all for joining us. We appreciate you allowing us the opportunity to answer some questions regarding the virtual delivery of the 2022 Specialty Certifying Examination. I'm Dr. Deana Dynis. I'm the Director of Assessment Development and Delivery here at ABOG, and today I'm joined by Dr. Pooja Shivraj, the Chief of Psychometrics and Research, Dr. Barbara Hoffman, the Assistant Executive Director of Assessment, Mr. Kirk Diepenbrock, the Chief Information Officer, and Dr. George Wendel, Executive Director.

One note before we get started, this webinar is being recorded, and a link will be sent to all candidates by the end of the day today, and at the end of the week, you will receive a candidate manual and the frequently asked questions we generate from our webinar. At this time, I'd like to invite Dr. Wendel to share his opening remarks.

**GW:** Great, thank you, Dr. Dynis. I'd just like to welcome you all and appreciate all that you're doing right now in these trying times in our country, both related to COVID-19 and to some of the issues regarding reproductive health care and abortion. We appreciate everything you're doing for caring for your patients, and we hope to provide some useful information for you today that will help you understand some of the changes that we've made for the exams coming up this year.

I do want to add a little bit of context that some of our questions, or some of your questions, may not get some answers that you may be asking. Many of you know that we have been

recently sued by the American Association of Physicians and Surgeons in federal court with several other boards, and we've also had threatening emails from other organizations with accusations against us. And you can look those up too if you're interested. Both of these are publicly available, both the federal lawsuit and the threatening note that came from the AAPLOG association. So under legal counsel, we may not be able to answer some of the questions that you may have, and I apologize for that in advance. I'll turn things back over to you, Dr. Dynis.

**DD:** Thank you, sir. Let me go ahead and share my screen.

A couple of notes: the chat functionality is disabled during this webinar. Please utilize the Q&A icon at the bottom of the screen to ask the questions that you have. We'll answer them in the order that they're received at the end of the webinar, and then we will compose a frequently asked questions document from the questions asked today and for those that have been submitted ahead of time. So with those logistics covered, let's jump into the specifics of the Specialty Certifying Examination administration.

As you know, our decision to move to a remote format for the 2022 Certifying Exam has no impact on the previously published dates of the exam. At this point, everyone on this webinar should know your exam week. If not yet your exam date, you will be notified of your exam date approximately four to six weeks before your exam week. We're working on that information right now.

In order to accommodate all time zones testing remotely, we've revised our exam day schedule as follows. Please note that all times are Central Standard Time. There will be a 30-minute registration period. We'll talk a little bit more about that in subsequent slides. Please note registration may or may not take that entire 30 minutes.

Each of your testing sessions, office practice, obstetrics, and gynecology, will be an hour each with 10-minute breaks in between. You will have a different set of examiners for each session. The checkout time is slated to take approximately 15 minutes. Please take this schedule into consideration as you are planning for your exam day. And then here are the afternoon sessions.

If you have requested a lactation or any other type of accommodation, there will be specifics in the candidate manual that will be emailed to you later this week that will address your specific exam day schedule.

For each session, your hour will be divided into 30-minute time blocks. The first 30 minutes, whether you are in office practice, obstetrics, or gynecology sessions, will focus on structured cases shared with you by your examiners via Zoom. The second half of the hour will focus on your case list. Examiners will share specifics with you via Zoom.

Now our Chief Information Officer, Mr. Kirk Diepenbrock, will outline the technical requirements for our remote exam administration.

**KD:** Thank you, Dr. Dynis. Just going to go over some technical requirements for the machine that you're going to use for the exam. Your operating system requirements are below: Windows 10 or higher, Mac OS 10.11 or higher. Audio and video: you'll need working speakers or a headset, a working microphone, and a webcam.

Internet connection speed: we've now gotten a good amount of experience and feedback on this. We suggest that you be at 40 megabits or higher. You can test this yourself by going to [fast.com](http://fast.com) or any other speed test that you'd like to go to. The reason we use [fast.com](http://fast.com) is it's easy to remember.

Your screen resolution for purposes of the exam needs to be 1280 by 720 or higher, and please keep your computer plugged into a power source so that it doesn't stop working part way through the exam.

We'll be using Zoom to deliver the exam. For those of you who don't know, Zoom typically does their updates on Sunday, so it'd be a good idea for you to go and check your Zoom client and make sure that it's up to date Sunday evening or early Monday morning. Tablet devices or phones may not be used to participate in the Certifying Exam. I want to say those words explicitly there; they simply do not possess the right equipment to give a good experience.

Technically, the ideals are that you have an external monitor with a larger screen so that you're not working from a laptop and again constrained by the definition on those screens. If you're

using an external monitor with laptop, laptop must be closed; you're only allowed to have one screen open.

A headset with microphone is preferred, but you can use speakers and a webcam. The one thing we discourage is use of Bluetooth earbuds. The reason for that is that there is some lag that is very distracting for the exam.

If you have an internal, you can use an internal, but we prefer an external high-def camera and at least, we have a little discrepancy there, so at least 1280 by 720 resolution, but ideally 1920 by 1080.

Prior to the exam and going out today will be a link to do ABOG tech checks. You will be required to have approximately a five-to-fifteen-minute meeting with one of our technicians looking to make sure that your environment meets these specifications. If they do not or we have trouble meeting them, then you'll be referred to ABOG's IT staff to further work through the issue.

Some specifics about things you need to do prior to the examination. In mid-September, an orientation video providing you with even more specific information about the structure of the exam and the specifics of exam day will be available for you on your ABOG portal. You will receive an email when the videos are ready. There is a set of three really quick some place between two- and six-minute videos, as well as an orientation video prepared for you by Dr. Hoffman with specifics around the exam. Additionally, as you approach your exam day, you will need to sign the ABOG Terms of Agreement. These will be posted as a task on your portal, and you may view them now in their entirety if you choose to in the 2022 Specialty Certifying Exam bulletin, available on the ABOG website. I know many of you spent plenty of time in that document.

Prior to the exam, about one week from your exam day, you will receive a Zoom link. A suggestion: please either flag that or create a folder so that that email is readily accessible and that Zoom link is there for you on your testing day.

You will also need to print a copy of your case list from the case list entry system. Click on the cases tab and on the next screen, select the section you want to print. A reminder that you want to select the de-identified copy. Please note you need to print all three sections.

On exam day, you'll need to bring the printed copy of your case list. You may not make notes on it, and examiners may ask to see your list as part of the check-in process. Again, during the second half-hour of each session, examiners will focus on your case list. The first half hour of each session will be structured cases. Now Dr. Shivraj is going to discuss what will happen after the exam.

**PS:** Thank you, Dr. Dynis. So after the exam, you will be asked to fill out a post survey on the process. The reason this is important is because all of the information that Dr. Dynis has provided you and Mr. Diepenbrock has provided you, we've collected all of this information after the prior virtual examinations that we have given from candidates like you, and they have let us know what is important to them in this entire process. We've created these training videos and things like that based on what they feel is necessary, and so if you give us that information after your exam, it would be valuable to us as well. So we'll send you that link right after your exam.

Exam results will be released six weeks from the Friday of the exam week, so even if you take it on Monday or Tuesday, it will be released the Friday from the exam week six weeks after using our exam scoring model that we've used since last year. You will receive an email when your results are posted.

Just a little bit about our scoring model. We implemented it last year, and it increases fairness for candidates. It's a psychometric model called the Multi-Facet Rasch Model. Candidates are graded during the exam on both their structured cases and their case list by their examiners on all three sections, and this model accounts for examiner severity and case difficulty when calculating your scores from your grades that are received by examiners. You can find more information about the model on our website, and we do provide more information when you receive your school reports that are posted on your portal once you get your grades that you'll receive six weeks later.

How your score is determined based on the cut score. If your score is greater than or equal to the actual cut score, you pass. We do account for a confidence interval as well when we do take into account whether you pass or fail. The reason it takes six weeks to actually post results is it requires analysis of fairness, the examiner's severity, and the case difficulty, so it's not just based on the grades that you receive. We take into account the entire week's worth of scores, and then take into account the examiner's severity as well. This model has been used since

2021 last year for both the subspecialties and the specialties. We have done statistical analysis to compare whether there has been differences in pass rates from the prior years, and there has been no statistically significant differences in pass rates, so the model has worked well for us.

I don't think there's anymore. Are there questions?

***Can candidates wear AirPods?***

**KD:** I discourage any type of Bluetooth microphone or earbud-like technology. They've actually accounted for a majority of the problems that we've had when it comes to hearing, being able to hear during the exam process, so I would highly discourage that. I'd go with some type of USB or auxiliary plug-in wired headset.

**PS:** Can I add one more comment to that? In our last examination, there were two people that actually ran out of battery with their AirPods, and so that was also an issue we faced.

***How can a lactation accommodation be requested?***

**DD:** That is detailed for you in the CE bulletin. I would encourage you to go out and make that request as soon as possible. We realized that most people have already made those requests, but certainly we want to accommodate our nursing moms who might need that information, so please go out to the bulletin for that information.

***If there's no difference in pass rates with the new scoring model, why is the new scoring model needed?***

**PS:** That is a great question. The new scoring model accounts for, so it serves you as candidates, not us, in terms of accounting for examiner severity and case difficulties. So if you are thinking about Dr. Dynis facing two examiners who are super harsh in one room and going through three rooms, and those examiners that are just really difficult examiners, and Dr. Hoffman who

goes to another room and are facing three examiners that are really easy. As an aggregate, the pass rates might not change, but if she's going through three rooms and she passes as a candidate, but Dr. Dynis goes through three rooms and she fails because of that, those two candidates have two separate experiences. As an aggregate, the pass rate might not change, and there might be no statistically significant differences, but those two candidates, Dr. Dynis and Dr. Hoffman, now have two separate experiences, and so for candidate fairness, we're now accounting for them to serve our candidates. Hoping that makes sense.

**GW:** I would just like to highlight that with the fact that the old scoring system used to give a grade of pass/fail or borderline, and the new scoring system has changed that to a scaled score that doesn't say pass or fail or borderline. That's a big step forward, too. There aren't those kind of judgments being made on answers to questions, nor on patient management. Is that a fair statement?

And I think although the other scores came out quicker, I think the standard for being fair and having reliable valid tests has changed, and we really are meeting a higher standard now than we were 10 or 20 years ago.

***Is there a dress code during the exam?***

**BH:** There's no specific dress code, but we want you to present yourself in the best positive light, so I think a professional appearance makes sense.

***How does my room need to be set up for the exam?***

**DD:** Those will be addressed really in-depth in the candidate manual, but some of the specifics: you do need to de-identify your room, I guess, so taking your diplomas, anything that might show where you are or where you work, where you've trained, needs to come off of the walls. You need to remove any reference materials, books, etc. that might be on your desk or in proximity to you during the exam. There will be a process for, as you check-in as part of that registration process on your either testing morning or afternoon, there will be a process for you to show your field, and that will be again explained in deeper depth in the candidate manual.

***Are virtual backgrounds allowed?***

**DD:** Virtual backgrounds are not allowed during the testing process.

***For the ABOG check that is required, do we need to bring the computer to a specific location?***

**KD:** No, you do not. We would like you to take it, do the tech check in the environment you plan to take the exam in. If that doesn't work from a technical standpoint, then you know, you may be asked to move around, get closer to the router, or get closer to a wi-fi hub, something like that.

***What if I have multiple monitors in the room I plan to take the exam?***

**KD:** We are going to ask you unfortunately to disconnect those. We only want one display to be able to work at that time. I can appreciate that at my house, I'd have to do some work too, but we do request that you just have one working monitor.

***What do I do if I no longer need lactation accommodations?***

**DD:** If you'll just email [exams@abog.org](mailto:exams@abog.org), we will address that accommodation request or no longer having a need for it.

***What goes into the scoring on the case list?***

**PS:** The case list is scored similarly to the structured cases. It is on a four-point scale, and it's given an overall grade.

***For pap smear guidelines, can we refer to the ASCCP mobile app?***

**BH:** In your description of tools that you use in your practice, you can certainly verbally refer to the app. It would not be a tool that you could use during the exam. The cases are structured so



that the broad and overreaching concepts of screening and management of cervical dysplasia is incorporated in the exam answers rather than specific mobile app replies.

***What am I allowed to do during the break time?***

**DD:** You are not allowed to use your phone. Specifically, you are not allowed to access the internet through your phone, another computer, and your watch. All of those things are off limits during the exam administration. Essentially, you need to use that time to take whatever biology breaks you might need, whether that's going to the restroom, getting a drink of water, or whatever your beverage of choice is for the exam administration, and then you need to be back in the room approximately five minutes before the next session starts, so it's not a lot of time.

***What determines the severity of the examiners in the grading of the exam?***

**PS:** I can give an entire lecture on this, but in short, it's a psychometric model, the Multi-Facet Rasch Model, so it's not us internally that determines the severity of examiners, it's a model that takes into account all examiners of the week and then places them on the scale based on how they grade candidates on each of the cases, and so that determines severity of examiners.

***For the ABOG IT check, is it required that you bring your computer to a specific location?***

**DD:** No, physically you will be in your space where you are taking the exam, and we have support for you as we look at all of the operations systems necessary for a successful administration.

***Are there rules or guidelines about the room that we'll take the exam in? For example, an office versus a hotel versus a home room. Is there anything we can or cannot have there?***

**DD:** The candidate manual will cover that in-depth, and you'll receive that on Friday. However, we are not dictating where you choose to take the exam. What we would say is that you need to be in a space that you are familiar with, and so that may or may not rule out a hotel room for you. We have had reports of some wi-fi issues there, and again, you would have to do the tech

check from that location if that's something that you choose to do. We would encourage you to be familiar with that space and have it be where you want to take the exam. You've worked so hard to this point. We want you to be in a space where you are comfortable.

***Do I need to take posters or other wall hangings off the wall?***

**DD:** You can leave posters that are de-identifying. If you have a favorite actor or sports team or something like that, that's certainly allowed, but again, you don't want to have any of your diplomas or any of the things that may allow us to know where you are, where you studied.

**GW:** I think that's an important point to make, and thanks for doing that, Dr. Dynis. We don't want to create any possibility that someone may have a preconceived notion about you as a candidate by them knowing where you trained or that kind of information, so that's why we ask you to take down the diplomas. You just wouldn't want an examiner to say, "Oh, I see your diploma. You graduated from Saint elsewhere university," and then start talking about something particular about that, so it's increased the fairness of the exam, and so I think, just use your common sense on that.

***If I am in the military, do I need to remove military awards?***

**GW:** I think that gets to the same point. You just don't want to create something that somebody may view differently than you do. So I would say the more bland the area, the better.

***Are all books prohibited, or just texts related to OB GYN?***

**DD:** The answer to that is just the text that could be referred to as a reference during the exam. There can be a bookshelf certainly in the room with those leisure books, whatever it is you like to read in your free time.

***What happens if we lose power or lose wi-fi during the examination?***

**KD:** Well currently, we try to continue the examination, and that's why the breaks are in there for 10 minutes instead of one minute or two minutes. If there's a temporary loss of power or signal, I guess I'm speaking for Dr. Shivraj at the moment, but historically, we eat into that time. If it's more than that, then we make other accommodations.

***What should a candidate do if they feel as though they were treated unfairly or bullied by an examiner?***

**PS:** That is one of the reasons we try and account for fairness in the model, but if you do feel that way, please email [exams@abog.org](mailto:exams@abog.org) and we will look into it. Thank you for your question.

**DD:** There's also some more information about that in the candidate bulletin that is posted on the website.

***Are the examiners traveling to Dallas, or will they be remote?"***

**DD:** Examiners will be traveling to Dallas.

***What happens if examiners have technical issues?***

**DD:** One of the benefits of having the examiners here is that our exemplary IT staff is also on-site and can support them through any challenges that they might have.

***If there is a typing mistake in the case list we submitted, is there a way to ask to correct it?***

**DD:** At this point, our case lists are closed. We are not grading them for grammar and spelling, so I think we'll be okay there.

***Do we need an administrator access to our computer for the exam, or can we use, for example, a university-owned computer?***

**KD:** That's going to be conditional. You can, it will depend if Zoom is already on that computer, and if it is, then you won't have to install it, so you'll be just fine using an organization-provided computer. If not, then you probably will need somebody from that help desk to install Zoom for you. At this point, it's probably unlikely, but there is that chance.

***What if you're taking an exam in an office in a hospital and announcements like rapid response codes and calls come over the speaker?***

**BH:** I think that would be an unusual situation, but certainly we'd let the code pass and continue on with the questioning.

***Can I use a laptop with an internal cam?***

**KD:** Yes, you can use a laptop with internally embedded peripherals. It's just that external ones tend to have better performance, that's it.

***What happens if we find that our internet is not working, or we have a power outage the day of the exam?***

**DD:** We, again in the candidate manual, are going to be providing you with some contact information so that you can make us aware as soon as possible of any challenges that you may be facing in the environment that you're in as you sit for the examination. Ideally, we would reschedule you as soon as possible, and if we need to reschedule you that week, that is the ideal. We'll just have to see, and that's really kind of a case-by-case basis. But you will have the contact information to let us know if you're facing those challenges.

***My case list is 50 percent of my score, or is the actual oral exam, what would give the score?***

**PS:** That's a great question, and I should have mentioned that the last go-around. Given that you have, like Dr. Dynis had said, 30 minutes of your hour is structured cases and then 30

minutes of your hour is your case list, we actually do weight the case list while calculating your scores, as it goes into the model. So for each section within your OB section, your case list is weighted equivalent to your structured cases, and same within GYN or office practice. We're weighting the case list given that it is half of your time of your structured cases. So that's a great question, and I should have mentioned it the last go around. Thanks.

**GW:** And just to build on that too, you don't pass or fail sections anymore, and that's a big step forward. Each case is individually graded and the system calculates the final scores, and so I hope you appreciate that. All of those changes were made to improve the fairness of the exam and to allow you to perform and have a calculated score, not a score determined by the examiners.

***Is the cutoff score always the same or is it set to ensure a certain pass rate?***

**PS:** The cutoff score is always the same. We don't always ensure a certain pass rate, but the cutoff score is revisited every couple of years, and it isn't being revisited this year.

***I am moving between now and when I take the exam. Can I still do the tech check if I'm not in the location that I will be taking the exam?***

**KD:** We would prefer that you be in the location where you're taking the exam. You do have up until a week before the exam to set your schedule. Hopefully you're settled in by then. If that is not the case, then go ahead and set up a tech check now and email us when you get to your final location so we could do it again.

***Is it acceptable to take the exam without a headset if we don't own one?***

**KD:** Absolutely. You don't have to have one, that was just ideally.

***Can the examiners tell from our case list if we are fellows?***

**PS:** They can. It's likely that they can. We do, however, account for examiner severity for those very purposes.

**BH:** And I might add that the content of questions that are that are asked from reviewing the case list are derived from the blueprint for the specialty exam and not the blueprint for your subspecialty.

***Would it be recommended to not test in a room that is both an office and a spare bedroom? Would this be seen as unprofessional?***

**DD:** Where you choose to take the exam is up to you. We want you to be in a space where you are comfortable and feel like you have the operational tools necessary to be successful, whatever that location is for you.

**PS:** I am also going to add that we do specifically train examiners on the fact that candidates are taking it in multiple places, and so specifically on the idea of that, it should not be seen as unprofessional, so we do let them know that.

**GW:** Do you want to mention also that all the examiners undergo unconscious bias training and that is a requirement that we introduced several years ago that's been very helpful to make sure that these kind of things don't happen?

**PS:** Yes. As Dr. Wendel said, the Sunday prior to the exam, all examiners do go through a standardized unconscious bias training for that very specific purpose, for where candidates take the exam, the question that was asked prior about whether they can identify case lists being from fellowship, etc., so that they are not able to provide any sort of bias on the exam.

***What happens if the morning of the exam we find out our internet is not working or there is a power outage prior to the start of the exam?***

**KD:** As Dr. Dynis said, just contact us using the information that we're going to send out later. We will have somebody from our IT team help work through any issues that we can. If it's something that we cannot address and cannot remediate prior to the exam, there will be some

accommodation made. I don't know what will be available at that time, but I feel like this question's come up a few times. You're not going to fail the exam due to a technical issue. We will make accommodations in some form.

**GW:** And I'll just add we do have experience with this giving over 2,000 oral exams a year, and most of them with candidates being remote for the last year and a half or two years. These do happen. It's not the end of the world, and we will make things right and try to help you get certified as quickly as you can. That's our goal, is to partner with you as you're going through the process. And so if it happens, please contact us as was stated so we can help complete the exam or reschedule things based on what's happening. We've had hurricanes, we've had tornadoes, we've had power outages, we've had buildings next door with the power line cut. Things happen, and we're here to help you, and we want to help you through it.

***With case lists somewhat unique to fellowship, do you have any guidance for how we can discuss our practice setting and colleagues/referral practices without sharing identifying information about the practice?***

**BH:** Sure, and I think this question may have been typed before I had a chance to type the other one, but the content that you will be questioned on is not content germane from your fellowship, but questions and content will derive from or circle back from the specialist blueprint of content that we feel certified specialists should have mastered, not a certified subspecialist should have mastered.

**GW:** It's certainly okay to mention if you are asked or if it comes up in the management that you're in a postgraduate fellowship training program, if that's part of the question. You don't have to hide that information and pretend you're in a general practice. You can provide the context in which you manage the patients. They may ask how would that patient have been managed by someone in a different situation who was in a different setting than the one that you're working in. As Dr. Hoffman said, it's the material that will be assessed and the content and the practice more than your specific practice in some cases.

***When will we find out regarding our examiners, and what determines if there's a conflict?***

**DD:** The morning of or the afternoon of your exam. Part of that check-in process is to identify whether there is a conflict between you and any of the examiners you will be working with that

day, and ABOG is prepared to substitute an examiner if we need to do that. Dr. Hoffman, is there anything you wanted to say about that? It looked like maybe you had something to say.

***Are the exams being recorded to review content or conflicts?***

**DD:** No, the exams are not recorded.

***Is there any information available as to whether exams will stay remote for upcoming years?***

**DD:** I think our focus today is really on the 2022 Certifying Exam. I would ask any of my colleagues if they want to share any additional information now.

**GW:** I would just say the scheduling and delivery of the exams is a very complicated process, and we'll continue to evaluate that on an ongoing basis. We have a plan to have the subspecialty exams in April in 2023 in Dallas, and we'll be moving forward with those plans. There clearly are accommodations that we have to make and some potential complications that come up with remote exams, and some of you will experience those in different settings. There are things called that are very sophisticated psychometric things that come into play that can affect scores for people in different settings, and I won't go into those, but Dr. Shivraj could give you a talk on that all day long, and some people, it affects them adversely, and some people have actually canceled their exams because they don't want to take the exam remotely on a computer, and it's more than you would think. So this is a very complicated important decision.

We want to be your partner in helping you move to the next stage of your professional career, and we want to do it fairly and what's in the best interest of the exam process and you as candidates. So it's something we will continually discuss as we move forward.

***Will the score report be clear with pass/fail status, or how will that be presented in the results report if there is no pass or fail?***

**PS:** No, it will be clearly presented in the score report. So, your first page of your score report tells you your name and whether or not you passed or failed. It will give you a distribution graph of where all the candidates are, a score distribution graph, what the cut score is on the



exam, as well as where you lie in relation to the passing score. So, if you fail, whether you're below the cut score or if you pass, whether you're above the cut score. So, it will clearly show you where you are in relation to the passing score. It will give you up top whether you passed and the distribution and where you are in relation to the passing score, and then the next few pages will actually break it down by each section and how you did on each section. So, the score reports will be pretty clear on that.

***With the implementation of the new model, how have those changes affected the pass rate?***

**PS:** Yes, aggregate pass rates have not changed over time. Our pass rates have been posted on our ABOG website, and you can find them there.

**GW:** And I would just like to highlight that one other important thing that Dr. Hoffman and Shivraj and their teams have done is evaluate the pass rates during the time of COVID, and do you want to talk about those Dr. Shivraj? Our specialty is quite unique in that in the performance of folks like you and I think that should be some reassurance.

**PS:** Yes. We have seen that pass rates have not been affected in our specialty, which is a pretty good thing that we saw. Do you have anything else to add, Dr. Wendel, to that?

**GW:** Just to mention some of the other specialties have seen drops in their qualifying exam aggregate performance, as well as their certifying exams, and I think we're proud to say that your programs, your faculty, and you all have worked incredibly hard and that has not happened in our specialty. The development of the knowledge, judgement, and skills to give great care to the women of America has not been affected by the COVID-19 pandemic, and so congratulations to you all for your dedication and hard work.

***Are we sharing our screen during the Zoom? What will be displayed?***

**KD:** The candidates will not be sharing their screen. You'll just be consuming a Zoom meeting like you are now, that's it. The application and things will be pumped over that same connection.

***Is there a specific time of day that tech checks can be done? For example, is there any availability after 5 p.m.?***

**KD:** There should be. I will get the answer to Dr. Dynis, and she will put that in the communications that we have going forward. I'm actually doing my training with the tech check technicians immediately after this meeting, so I will get her an answer and get that out that way, but you'll be making it just like you'll get a link to Calendly and get on somebody's Outlook calendar, and it'll be done all times a day all throughout the week.

***I work in a low resource setting, and the interventions I was able to provide, tests surgeries, medications, etc., reflect the limited resources where I practice. How will my case list be graded?***

**BH:** We examine on the full scope of care for a given condition. Knowing the limitations for your area is important, but then also knowing the other options, even though they may not be available to you, knowing what other options, benefits, risks are possible are important just to provide patients with appropriate counseling and option discussions.

***When will we find out which time frame, morning or afternoon sessions, we will be examined in?***

**DD:** The short answer to that is that we are working to get that information out six weeks ahead of your exam date. At the latest, it will be four weeks ahead of time. We're working on a pretty tight timeline and want to get that information to you as soon as possible for all of the reasons that you've articulated.

***Along the same lines, should we pretend that we do not do certain things that are beyond the scope of general practice or is it okay to say what we actually do during the exam?***

**BH:** If you're a specialist, let's say an FPMRS, and would manage a particular patient with a procedure that perhaps a specialist doesn't have mastery of, certainly I wouldn't alter your answer as long as it's a medically appropriate and recognized treatment.

***Are we expected to reference our printed case list during the examination or rely on projected shared case presentation?***

**DD:** You will have your de-identified printed case list with you as a reference. The examiner will share with you specifics to the case list they are referencing on your exam screen. Is there anything anyone else would want to add to that?

***What if a pet enters the room? Will we be allowed to get up and remove the animal?***

**DD:** We realize that these are unusual times, and I think it's been as stated before by members of the panel. We understand that we are testing in unusual situations and things may happen. Obviously if your pet walks into the room, it's probably best practice to get up very quickly and exit them out and shut the door so that that doesn't happen again. We want you to have an uninterrupted experience.

***What is considered an examiner conflict?***

**GW:** I'm happy to address that. There'll be instructions given about what constitutes a conflict. It's generally someone who trained you. There are some geographic conflicts, someone who's a friend. In general, we will have taken care of most of those conflicts beforehand by asking the examiners if there's a potential conflict, but things like being in a med school, going to med school, are not considered conflicts in most cases. Being on ACOG committees, being on professional society committees, study sections, NIH groups, and things like that that are more professional acquaintances typically are not considered conflicts, but if you think it's a conflict, then certainly when you're asked, you can report it, and we'll try to work through it as best we can. We don't want you to feel like there's any conscious or subconscious bias in anybody who's examining you.

***How many cases are in each part of each section? I.e., three cases for the case list in OB, three structured cases in OB, etc.***

**BH:** So on the structured cases, there are five cases in gynecology, five cases in OB, five cases in office practice. Each case has three different screens, and that's the structure for the structured cases. For your case list, we try to cover between eight and ten topics on your case list. Again,

to allow you the opportunity to display your mastery of the content that's on the exam blueprint.

***If we have an invisible disability, a stutter, anxiety, etc., is this able to be factored into the psychometric scoring?***

**PS:** No, it's not factored into the psychometric scoring. We train examiners on bias in a nutshell, but it's not necessarily factored into scoring in any sort of way. We assume that the training by itself takes care of that, and then taking into account the severity score would also account for that, but disabilities don't get taken into account in terms of scoring.

**GW:** I would just remind you what Dr. Dynis said before. If there are any requests for accommodations, under the ADA regs, we're happy to look into those. And it is sort of a new world of having accommodations for a remote exam because most exams are given in a standardized setting in either an oral setting or in a test center, so if you have questions about that, we have support staff that are ready to talk to you at any time and can help you. We want you to be able to display your knowledge, skills, and abilities as best you can, and if there's something we can do to help with that, we're happy to try to make an accommodation.

***What if you don't get through all five structured cases? Is that counted against you?***

**BH:** We want to be able to grade you on your answers and management of the patients presented, and so part of examiner training is time management. And so you may encounter a situation where your examiner says 'We need to move on', and that gives you an opportunity to cover all of the cases during the structured cases. So if an examiner interrupts and says 'Thank you for your answer, in the interest of time, we need to move on', it's to give you the opportunity to demonstrate your mastery of the knowledge on all five structured cases.

***Am I allowed to use a pad and paper or a whiteboard to demonstrate things to the examiners during the test?***

**DD:** The answer is you can absolutely use a whiteboard to demonstrate your knowledge as part of the assessment process.

## **Additional FAQs Unanswered During the Webinar**

### ***Am I able to request a morning or afternoon session?***

No, but time zones will be taken into account.

### ***How will we receive our results?***

You will receive an email that states that you have your results. Your portal will have your report, which you will have to download to see your score report, your score, and whether you passed/failed.

### ***Will I be required to show the entire room I'm in for the exam?***

You will be required to do a room scan during the check-in process for exam security. More details will be given in the candidate manual about this process.

### ***Would a room in a library be an acceptable location?***

Any room where you are alone and have a good internet connect is a suitable place to take the exam.

### ***How will setting be accounted for in case lists?***

Candidates are assessed on content of knowledge and clinical judgment for their cases and case lists, so their setting should not come into play during the assessment. That being said, examiners are trained with unconscious bias training (and have been trained over the past 3 years) to ensure biases don't creep into the examining process

**DD:** I realize that we still have a couple of questions in the Q&A. We will generate answers for those and provide them to you at the end of the week. In the meantime, everyone can expect a recording this afternoon of this webinar to give you that high-level overview and what you can expect in the coming weeks as we all prepare for the remote administration of the 2022 Certifying Examination.

The ABOG staff is working hard to support you, and we want to see you have all the tools necessary to be successful in this administration. Thank you for your time and be looking for those emails. In the meantime, if you need anything, please email [exams@abog.org](mailto:exams@abog.org). We are here to assist you. Thank you for your time today.