

Program Performance Reports Webinar

Webinar held on August 21, 2023 at 3 p.m. CT

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AS – Dr. Anthony Sparks

GW – Dr. George Wendel

PS – Dr. Pooja Shivraj

AS: It appears our numbers have leveled off for the most part so I think it's okay to get started. Welcome everybody. I would like to begin by thanking you all for taking your time to join us this afternoon. We appreciate you for allowing us the opportunity to review program performance reports. I will turn it over to Dr. Wendel for introductions.

GW: Great. Thank you. Welcome everybody, I see some familiar names in the participant list, and I want to congratulate you on getting off to a great start in a new academic year and I hope this will be the first COVID pandemic-free year in many years for you and for your residents and faculty. It's a privilege to be able to talk with you today and share some information about how to interpret and use the Certifying Exam Program Performance Reports.

Our staff have worked tirelessly to improve this every year and we appreciate this opportunity as it provides feedback to us to help make the report useful for you, so again, welcome and congratulations on a great start to another academic year. I'll turn it over to Dr. Shivraj.

PS: Thank you so much, Dr. Wendel. Just a couple of logistics before I get started. The chat functionality for you all is disabled. However, the question on answer functionality is enabled for you all. You will be able to type your questions in there if you have any questions. I will be providing some information for you all during this presentation. After that I will be answering questions, taking some questions from you all.

Anthony Sparks will be moderating this, and I will be doing introductions. The webinar is being recorded for you all. So, I will be talking about Program Performance Reports and providing an overview of the Qualifying Exam and the Certifying Exam Program Performance Reports.

Here are our panelists. Dr. George Wendel, our Executive Director. I am Pooja Shivraj, I'm the Chief of Assessments here at ABOG. We have Andrea Rankin here with us. She is the Director of Certification Standards. We have Dr. Anthony Sparks, who is our Manager of Psychometrics and Research and then we have Heath, who is our Statistical Data Analyst as well, and they will be here to field any questions you have. Again, a wonderful team of experts we have on this call who have helped put together these program performance reports and this webinar for you all.

A couple of learning objectives from this webinar in relation to the program performance reports. After the end of this webinar, you all should be able to describe the purpose and utility of the program performance reports, interpret the data you all have within these reports, understand the limitations of some of the data within the reports, and then describe the timeline for release from the reports.

How we intend to use the program performance reports when we put the program performance reports together for a residency and fellowship programs to understand how they are doing on the ABOG Qualifying and the Certifying Exam through providing data from the current year exam pass rates, the three-year exam pass rates, as well as some of the strengths and opportunities for improvement based on the ABOG blueprint and so that is how we intend to use the program performance reports for your programs.

How we do this: we answer four main questions within the program performance reports. The first main question we ask is "How did your program perform on this year's exam and how did it compare in relation to other programs?" So that is one of the main questions we ask. We also do a three-year comparison so "How did your program perform over the past three years and how did that compare in relation to other programs?" That's the second question we pose within the program performance reports. "What are the strengths of your program and what are the opportunities for improvement of your program?" and then the last question we pose is "How did your program's individual candidates perform on the Certifying Exam, or the Qualifying Exam based on the report we provide?" and again this is the intended purpose of providing you the program performance reports.

Within the data, here is the sample we take into consideration while putting together these program performance reports. First and foremost, you need to be an ACGME-accredited program. We also only take into account first-time takers and the reason being is that repeat takers skew the performance within the data and so the data that we are providing you is only first-time taker data. The third thing is that you need to have your residents or your fellows need to have completed training at your program prior to taking the exam and so if your resident has not completed your exam prior to taking the exam, their scores are not released, and so this is the sample that we take into consideration prior to putting out your program performance reports.

How we actually designed the report is an iterative design process so if you start right here at this design process, we started designing these reports. We went through an internal subject matter expert review internally at ABOG, got feedback from our MDs here, our physician experts, and then based on those, the feedback that we got, we went back through this design process, got together their input and then redesigned our reports. We went back to program directors, we put together a focus group and got feedback from program directors and program managers like you and then got what feedback they had and then redesigned our report, so essentially it was an iterative design process that we took from them to redesign our reports.

We went to conferences, got feedback from program directors externally as well during conferences and then redesigned our reports from there in order to finalize the reports that you see right now on your portal. Essentially what we did was an iterative design process where we applied feedback, edited and revised our reports based on stakeholder comments, and so these reports are not static. We essentially gain feedback at every conference we attend in order to make these reports better and better as you see them.

What we also want to do is balance wants versus needs. We know that these reports—you all want everything in the reports, however, we also need to maintain that balance of needs versus wants and what we can give you in terms of limitations of data.

I'm going to run through the report of what you actually have within your report so we can talk about interpretations of data. Your first page of your report has your overall pass rate, your first-time taker pass rate, as well as your repeat taker pass rate where you have the total number of takers, how many total takers took it, the number that have passed, and the percent that have passed so over here, if you, and again this is a sample report. It's been taken from a program just to demonstrate what that looks like.

If you have a total number of takers of three, and two have passed, that's a total of 66.67 that have passed. Of the first-time takers, two of those overall takers were first-time takers and one was a repeat taker. It tells you how many, it's just a simplistic view of how many were first-time takers of those overall takers, how many were repeat takers and how many passed again just to give you a simple snapshot of what your data actually looks like. This first page is the only page that talks about repeat takers. None of your other pages gives you that snapshot of repeat takers again because the repeat takers actually skew your data. This page gives you that snapshot of your residents or of your fellows, here are how many repeat takers you have and then we drop the repeat takers from your data.

This gives you the three-year trend on your qualifying exam just to give you a snapshot of the three years that your residents have taken the exam, how well are you doing on a three-year trend versus this year of taking the exam and so you can see in comparison to this year versus in comparison to a three year trend, how well are you doing.

This little asterisk here is per ACGME requirements. The ACGME requirements is a flag for you. If you look at the ACGME common program requirements, there is a common program requirement of being at above the fifth percentile or having a program pass rate of 80 percent or above and so it gives you that your program through your pass rate needs to be for a first-time taker of above 80 percent or above the fifth percentile and so it gives you what the fifth percentile of all programs are and whether your program pass rate is above 80 percent and so that is what that asterisks here essentially designates. It also gives you that check which is also why the sample is based on your first-time taker pass rate. That way it's a good comparison to the ACGME requirement that you are supposed to meet and that's your first page of your quick snapshot.

Moving on to the next page of the current year data with the average pass rate. This just talks about if it's the 2022 Specialty Qualifying Exam and the reason I'm talking about the 2022 Specialty Qualifying Exam is because the 2023 is not out yet. The 2023 Certifying Exam is not out yet so the 2022 is the closest qualifying exam out currently.

For the 2022 Specialty Qualifying Exam, this gives you the average pass rate for your program which is designated by the blue bar in comparison to the average of all the programs designated by the orange bar, so it essentially tells you whether you're doing well in comparison to all the programs and average versus your program. It also tells you how many

first-time takers you have, how many passed, and your percent passed. This should match the very first page so the last slide that I showed you, that number should match the first page. If it doesn't, please contact us. It also gives you the breakdown of how many overall first-time takers were there and how many passed with the percent passed.

This same graph you'll see as a—I'll show you in the next slide—but also as a three-year comparison. You get a current-year data distribution so you can see where your program lies at a hundred percent so if your pass rate is at a hundred percent, you will be right here but also where the other programs lie so five programs were between 50 and 55 percent at a pass rate and where you were in comparison. In your mind you might think well all the programs are between, if you think about this graph, are all programs between 90 and 100 percent. You don't really know where all programs lie so you might want a breakdown of where are other programs in comparison to me and this actually shows you that distribution of where are other programs in comparison to my program and that breaks this down for you to give you that distribution of other programs in comparison to my program.

This is the same graph as the one-year distribution except it gives you a three-year rolling average of your average pass rate so what that essentially is if you think about, again, your program in blue and all programs in orange. So here is the x-axis where you have 2018 through 2020 as a three-year average, 2019 through 2021 as the next three-year average, so it's moving in three-year averages, and 2020 through 2022. This is the last year three-year average, so it's moving in three-year gaps and so I'm going to start with this last three-year average. In this last three-year average, your program is at a hundred percent whereas all other programs are at 92.93 as an average percentage. The y-axis shows you your three-year program pass rate.

If you look at the prior one, 2019 through 2021, your program, I'm going to say your program as a sample, was at 87.50 so that last moving prior to three years, right, that prior three-year window, 2019 through 2021, your program did worse which means that window your program did worse and that's how you would compare that. That X is the fifth percentile cut-off, if you see these X's marked right here and again that's the ACGME reference. Your program needs to be over 80 percent in passing or above the fifth percentile cutoff and again, based on the first-time takers which is why we are only using first-time takers within the sample.

This table below gives you the first-time takers, the number passing, and the percent passing. There's a note here that all numbers or percentages in terms of percent passing.

This again gives you the three-year data distribution similar to the prior graph of the program count histogram, so I won't explain this again, but this gives you the percent of total on the right side so 40 percent of programs fall within this 118 bucket. This is the frequency of programs so 120 or 118 programs fall within this and that gives you that count, and this is the pass rate.

The second last page of your program performance report gives you a min and max by category where again your program is denoted by a blue and all programs are denoted by an orange bar and the categories here are given in abbreviations so a GYN1 is the Gynecology 1 that maps to the blueprint. All the categories are, the abbreviations for the categories are elaborated below in the table so you know what GYN1 or GYN2 or OB1 is in the table below, but it maps to the ABOG blueprint. These are the mins and maxes for the categories, so you know in Cross Content 1, for example, your residents or your fellows went between 40 percent and 50 percent within these categories, so it gives you kind of a snapshot of how your residents did for that category and whether they did well. For OB3, for example, they performed between 70 percent and a hundred percent and so that's sort of how I'd interpret it. For GYN4, they may not have done so well. They went between 30 percent and 50 percent so there may have been some opportunities for growth there and that's how I would interpret that graph.

If we go to this, this is the strengths and opportunities for improvement for your program. This actually gives you a better sense of where your strengths and opportunities for your program lie. Where it gives you your median in terms of percent and then an all-programs median and again why we use median as opposed to mean is because of sample sizes.

For programs that only have two people, a mean skews things really because one person may have gotten zero percent of questions correct and another person may have gotten a hundred percent of questions correct and that 50 really skews things and so we use a median more than anything else to avoid skewing of data, and so your median compared to all programs' median is provided here. If you're within a certain half-a-standard deviation, you get a green dot. If you are less than half a standard deviation, you get a red dot, and the red dot provides you opportunities for improvement for your program.

You can otherwise, if you have all green dots, you can look at it as where am I just lower in terms of areas of improvement and so that's just areas. It's a snapshot for you to look at in terms of what you want to do with your program in terms of areas or opportunities for growth for your own program, and in talking to program directors and program managers at conferences, they tend to enjoy this page more than anything else just for things to work on.

And then the very last page gives you your candidate's score. I have not copy-pasted the actual page but it's four columns. You have the ABOG ID, the candidate's last name first name in this column, their scale score if they agree to release it, and then their pass-fail result, and this column would be blank if they have not agreed to release it. If they are a repeat taker, they will not show up on this table at all. Again, as I said, this table is only for first-time takers. The certifying exam report looks very very very similar to this report, so I've only put in graphs of the qualifying exam but if you are a resident, a residency program director, a fellowship program director, or you're looking at the qualifying exam or the certifying exam report, they look almost exactly the same. This column would be empty.

Limitations and interpretations of the report. Programs with very few candidates have less stable results obviously because of sample sizes and smaller residency programs and subspecialty fellowships because again sample sizes have less precision in their reporting. Strengths and opportunities are provided as a snapshot for evaluating a program but however it's important to remember that implementation of a program takes time to see impact in three-year trends, so it's not that you would make a change in a program and you expect to see or impact in curriculum, for example, you see an issue with basic science, for example, you make a change and then you expect the next report to show a change. Also, program change may not be reflected in candidate exam performance so that's also one thing to remember because of downstream effect. So again, there are some limitations to interpreting these reports.

We've always gotten questions for when program reports are released and so I wanted to go over both Specialty and Subspecialty Qualifying Exam and Certifying Exam release of reports. We give, and I'm going to first start with the Qualifying Exam for residency and fellowship programs, we give our exam on July 24 which was about a month ago. We release candidate results at the end of October, the last Friday of October. And we release our program performance reports about two weeks after that so you should expect Qualifying Exam for both specialty and subspecialty about mid-November. So that's a heads-up for that.

For our subspecialty certifying exams, so this is for our fellowship programs, we administered our subspecialty exams for this year, for example, mid-April. We released our candidate results at the end of May and so it takes about six weeks to score for our certifying exams and we released that at the end of May. Again, about two weeks later, we released program performance reports. This timeline from candidate release of results to program performance

reports, lags about two weeks in releasing those results and so you should have gotten that about mid-June for the 2023 exam.

For the 2023 Specialty Certifying Exam for residency programs, this is a little bit different. We have four cycles of administration, so we go from October. There are two cycles in October and then there's one in November and one in December. We release our candidate results four times obviously, so six weeks after each cycle. The last cycle is released January 19, and the program performance reports are released after all of those cycles because we combine all of those pass rates and the reports that you see are for pass rates of the entire cycle. So, it's two weeks after that last date of January 19 and the program performance reports are released that first week of February, and so it's not after the first cycle of exams, it's after that last cycle of exams which then gets released the first week of February. So that's just one thing to remember.

Where you can find the report is another question we get. If you look at your portal, this is called the hamburger menu, where the red arrow is pointing at. If you go in there and go to my files, under my files you'll see a bunch of years 2022, 2021, and if you go to any one of these reports, your Subspecialty Certifying Exam, and then click on view, you can download these reports and you can view them and that's all I have for my presentation. I'm going to stop sharing my screen and take any questions now.

Can you explain the difference between the qualifying exam and the certifying exam?

PS: The qualifying exam and certifying exam in terms of the actual exam itself, given that the qualifying exam has multiple choice questions and the certifying exam just have cases themselves, the qualifying exam has multiple categories. They're mapped to about 14-15 different areas. The certifying exam is only mapped to OB GYN, office practice, and the OB GYN office practice case lists but besides that the reports look exactly the same, and that's for the specialty so either way you only have six categories for the certifying exam. You'll have many more categories for the qualifying exam, but that's the only difference between the reports.

If the candidate does not give permission to release scores, will programs only receive the pass-fail information?

PS: Yes.

Can you clarify what 80 percent over three years and above fifth percentile means for program pass rates? If it's less than 80 percent but above the fifth percentile, is the program dinged?

GW: I can answer that and take a stab at that because as an ex-program director those numbers are etched in my memory forever. Some specialties have pass rates that are quite high, and the fifth percentile might be 88 percent or 90 percent, and if the pass rate is that high, there really should not be any adverse implication to having a pass right below the fifth percentile and so that's why ACGME uses that threshold of 80 percent for specialties who have a fifth percentile that's above 80 percent and I hope that helps explain that. Our pass rate has not gotten a fifth percentile up that high, so it really doesn't apply much to OB GYN programs. A specialty, subspecialties may be different because in essence, the pass rates are categorical data because you have one, two, or three candidates and not much more. So, your are options on your scores are a hundred percent, two-thirds, one-third, or zero, and so in that case it could go either falsely high or falsely low for averages. I hope that answers the question that was asked.

Could you share the graphic of where to find the report one more time?

PS: Sure. Let me walk through that. So, if you go to the hamburger menu in your own portal, log in, it's on the top right corner where you go right there, you have your profile where you updated, but you go to my files and then you have all of these years. It lists at 2022, 2021, 2020, 2019, so if you want to go to a past year, if you don't just want to go to 2022, you just click on this plus sign and go to 2021 or 2020 and you just expand it out. You can go find a prior report if you want to and then you find it there.

Is that report in their portals available just for program directors that we have records of or would that also include associate program directors and program managers?

PS: I want to say currently it's program directors and program managers. Andrea, is that right?

Could you help share information about the new transparency and displays of the overall pass rates of all the exams as well as for OB GYN, the public display of the program pass rates that were instituted this year?

PS: Absolutely, and I can also pull it up as we talk. So recently what we did was, and I think a question actually came up on whether it, now that it's accessible to program directors, whether it will also be accessible to the public and that is a great segue into what the question was so I can also share my screen to answer that question. Here it is.

So, to answer that question, on our website, this was only released this year. We have this available to the public, which is program pass rates, where in this report, all program pass rates are available on our website. This is more within a table format where if you go to our specialty certification on our website and you click qualifying exam, for example, and program pass rates it should take you to this page. It shows you what's included within the report, what are the limitations of the data, and if you view our specialty qualifying exams, tell me if it doesn't show up on your screen. It's showing up on my screen. Okay. It shows you all the program names, the state, candidates, number who have passed, and percent who have passed. So, it is available to the public. And this is for our qualifying exams and our certifying exams. We don't currently do it for the subspecialties, we only do it for the specialty exams.

If our GME wants a five-year average instead of a three-year average, how can programs get this information accurately?

PS: That is a great question. We have been working with our IT team to get more of a play with your tool live sort of thing. We have not gotten to that project but that's something we will be working on in the future. What we produce are more static reports based on ACGME requirements to give our program directors and our program managers a tool so it can help them figure out where they are in comparison to the 80 percent, fifth percentile cut off and so I think we are still baby steps, I would say to word that, but a future goal is more of a play with the five-year average if you wanted or a two-year average if you wanted but that is on our radar. We just haven't gotten there yet.

GW: Our goal is to serve you and if your GMAC is requiring a five-year pass rate, please contact us and we can see if we can get you the annual reports that will help you put that together. We did reach out to the ACGME and asked them about a requirement for programs to produce five-year pass rates and there is no requirement for that in any of the institutional program requirements and things like that that your GMAC's follow, so if you can give us some more information about why that's justifiable and why it's even useful, we'd be happy to look into to moving that up in priority to get it available for you but we're just not sure why it's useful or how it would even be used except for very small programs that might have one person a year and a three-year average might not be very useful in those cases, but please let us know. You can call any of us on the phone or send us an email if you can help us understand how that would help you.

Why are this year's qualifying exam results released on October 27 and their associated program reports released on November 10?

PS: Awesome. So, six weeks is for our certifying exams. For our qualifying exams, it gets released October 27. There are a ton of quality checks that go into our qualifying exams. We start with both Anthony and Heath on this call who are the ones that perform the statistical analyses. Each exam goes through something called flagged item review where we go through a statistical analysis process, statistically review them, we get together subject matter experts to look at each item, they make sure it's keyed correctly, they delete items that don't perform well, so each one of that goes through actually a qualitative process through physicians so that we maximize fairness, minimize bias.

We also go through a differential item functioning. Look at whether the item performs well for different subgroups and then that goes through, after a statistical analysis of bias, we go through a bias fairness and bias panel, so each one of our exams, our specialty and our five subspecialties go through each one of those processes. We put all of that through the ringer with Heath and Anthony working through that, and then after that, it gets released three months later.

GW: Yeah, I've asked that same question and the amount of effort that goes into our exams to assure fairness and lack of bias or discrimination is really one of the more aspirational things that other boards are looking at. This is one of the things that we do for your candidates to make sure that there aren't any unfair questions that didn't perform well that might not have been answered well by certain people from certain groups and that is a real tribute to the work of the team here to make sure that we're not misclassifying people, and what that means is we're not failing people who should pass nor are we passing people who should not pass and that's a huge investment in time and I regret it can't be done faster.

It's like trying to speed up research; you can't cut corners on some of these things you've got to get them right because that is the trust that everybody puts in our process that we do that so we apologize for that and someday that hopefully will be shorter but it really is a very labor-intensive process that revolves some of you on the call being in some of our panels. I'm going over those very questions so thank you for that volunteerism too.

PS: Any other questions? Well, you can always email us at exams@abog.org. We would love your feedback for, as I told you, this is an iterative process of design. We would love your feedback for making our reports better. You are, you are our customers, our stakeholders. You are what we are trying, we are giving you these reports for really to serve you to give you the information, so if you can provide us feedback on how we can make your lives easier in order to provide you the information you need so that you can interpret these reports.

If you find something that is not useful or that can help you make this more useful, please email us and we can work on the back end to make this better for you. That really is our end goal because we don't just want to keep producing these reports if they aren't helpful for you or if we can make it better like someone suggested if there is a reason for producing this to make it five years as opposed to three years, we would love to do that for you.

PS: Anything else to add, Dr. Wendel?

GW: Just again, congratulations to everybody. We are one of the few specialties in the American Board of Medical Specialties world that did not see drops in individual pass rates and program pass rates during the COVID-19 pandemic. Your incredible efforts and commitment dedication to everything you do with your programs, your fellow faculty members and residents is evident in these program pass rates that really didn't drop, and if anything remains stable or increased, so thank you for the incredible efforts you made to make sure your graduates did well on these assessments and are now out serving the women and people across America, so congrats and thanks to you all.

PS: Okay. Thank you so much for attending.

AS: Thanks, everybody. Have a good day.