

2020 CERTIFYING EXAMINATIONS

Panelists:

George Wendel, MD

Wilma Larsen, MD

Host: Cariel Apodaca

Guiding Principles

- Safety of all stakeholders
- Timeliness of certification
- Psychometric defensibility
- Ensure no impact on eligibility
- Transparency of decisions
- Communication to stakeholders
- Scalable option
- No penalty for delay to 2021
- One-time only accommodation

Specialty CE

- Jan and Feb 2021
 - Safety is top priority
 - Current models predict increasing cases
 - Projections for vaccine availability: 2021
 - Unsafe to administer in-person exams

Exam

- February 2, 2021
- Pearson VUE test centers
- To request lactation or disability accommodations, email exams@abog.org
 - Must be completed before scheduling with Pearson VUE

Exam Format

- Multiple choice questions
- Clinically-based
- Cover breadth and depth of specialty
- Many questions cover more than one category

Case List Approval

- Verify case list approval on ABOG portal – Case List icon on dashboard
- If not approved reason listed
- Most common issue-incomplete verification forms

Case List Approval

My Dashboard

ACTIVE CANDIDATE

Certifying Exam



Week 3

2/15/21 - 2/18/21

Exam Week Assignment



153
CASES
ADDED

Case List



OBGYN
Year
3
of 8

Your Eligibility Period

Case List Approval

2020 OBGYN Case List Entry

✓ Case List Submission Received

Your Case List has been approved

Submitted: September 24, 2020 01:39PM

Status: Approved

Case List Approval

Reupload Hospital Affidavits

Please correct and reupload the following Affidavits

[VIEW](#)

[REUPLOAD](#)

Your case list collection dates are blank. Please correct by filling in the dates of your case collection timeframe.

[VIEW](#)

[REUPLOAD](#)

Please re-upload ONLY the affidavit page. The hospital case list contains identifying patient information and cannot be submitted to ABOG. Your case list collection dates are blank. Please correct by filling in the dates of your case collection timeframe.

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Blueprint

- Located in 2020 Specialty CE Bulletin
 - Includes task statements for subcategories
- Approximately:
 - 30% Obstetrics
 - 30% Gynecology
 - 30% Office Practice
 - 10% Cross Content

Obstetrics Subcategories

- Preconception/Prenatal/Antenatal Care (3%)
- Evaluation/Diagnosis of Antenatal Conditions (7%)
- Intrapartum Care, Complications, and Obstetrical Procedures (18%)
- Postpartum Care (2%)

Gynecology Subcategories

- Preoperative Evaluation (3%)
- Perioperative Care (2%)
- Postoperative Care (3%)
- Surgical Complications (6%)
- Evaluation/Diagnosis/Management of Gynecologic Conditions (7%)
- Surgical Procedures (5%)
- Neoplasia (4%)

Office Practice Subcategories

- Well-Woman Preventive Care (7%)
- Office Management – Medical Problems (4%)
- Office Management – Gynecology (15%)
- Office Procedures (4%)

Cross Content Subcategories

- Communication (2.5%)
- Basic Science (5%)
- Ethics and Professionalism (2.5%)

How to Prepare for Exam

- Full blueprint in the bulletin
 - Task statements translate into questions
 - Task statement should guide studying

Task Statements

OB2.	Evaluation/Diagnosis of Antenatal Conditions	Primary category	7	7
OB2.1.	Evaluate, diagnose, and manage preconception/antenatal conditions	Subcategory		
OB2.1.A.	Select, perform and/or interpret antepartum fetal assessment and manage associated abnormalities (e.g., biophysical profile, contraction stress test, nonstress test, vibroacoustic stimulation)	Task statement		
OB2.1.B.	Apply knowledge of female anatomy and pathophysiology to improve patient outcomes	Task statement		
OB2.1.C.	Patients at risk for preterm delivery	Task statement		
OB2.1.D.	Common antepartum complications (e.g., hyperemesis, first trimester bleeding)	Task statement		
OB2.1.E.	Medical disorders unique to pregnancy (e.g., preeclampsia, eclampsia, hyperemesis, gestational diabetes, cholestasis, acute fatty liver, peripartum cardiomyopathy, PUPPP, herpes gestationis)	Task statement		
OB2.1.F.	Infectious diseases in pregnancy (e.g., HIV, Group A Streptococcus, varicella, pyelonephritis, CMV, toxoplasmosis, papovirus)	Task statement		
OB2.1.G.	Surgical conditions (e.g., acute abdomen, adnexal masses) during pregnancy	Task statement		
OB2.1.H.	Abnormal fetal presentation (e.g., external cephalic version)	Task statement		
OB2.1.I.	Manage multifetal gestation	Task statement		
OB2.1.J.	Fetal growth abnormalities (e.g., fetal growth restriction, macrosomia)	Task statement		
OB2.1.K.	Post-term pregnancies	Task statement		
OB2.1.L.	Thrombophilias	Task statement		
OB2.1.M.	Fetal assessment/prenatal diagnosis (e.g., fetal anomalies, abnormal AFV, ultrasound assessment - infectious disease exposure, isoimmunization, non-immune hydrops)	Task statement		
OB2.1.N.	Evaluate, diagnose, and provide co-management of non-obstetric emergencies during pregnancy (e.g., trauma, intimate partner violence, sexual assault)	Task statement		

Examples of Questions

Obstetrics: OB3.1.B-Evaluate, diagnose, and provide operative delivery

A 25-year-old patient at 39 weeks gestation is scheduled for a cesarean delivery. Which of the following is the **BEST** intervention to lower her risk of surgical site infection?

- (A) cefazolin (Ancef®) prior to incision
- (B) chlorhexidine vaginal preparation
- (C) negative pressure wound dressing
- (D) azithromycin (Zithromax®) prior to incision

Examples of Questions

Gynecology: G4.1.B-Evaluate, diagnose, and manage intraoperative hemorrhage

A 32-year-old patient with menorrhagia, von Willebrand disease, and an 8-week size uterus is undergoing hysteroscopic polypectomy. She has cervical stenosis, and the cervix is difficult to dilate. The cervical dilator deviates to the right and a sound passes to 12 cm. Upon withdrawal, immediate brisk bleeding occurs. Which of the following is the **BEST** next step in management?

- (A) introduce the hysteroscope to localize the area of bleeding
- (B) utilize stone forceps to remove the endometrial polyp
- (C) transfuse cryoprecipitate
- (D) perform immediate operative laparoscopy**

Examples of Questions

Office Practice: OP3.1.A-Evaluate, diagnose, and initiate management of infertility disorders

A 30-year-old nulligravida with regular menstrual cycles has been unable to conceive despite unprotected intercourse for 18 months with a male partner. Which of the following is the **BEST** next step in evaluation?

- (A) semen analysis
- (B) diagnostic laparoscopy
- (C) endometrial biopsy in the luteal phase
- (D) basal body temperature charting

Examples of Questions

Cross Content: C2.1.G-pharmacology

A 42-year-patient on multiple medications is scheduled for an abdominal hysterectomy, BSO, and staging for ovarian cancer. When developing the plan for postoperative analgesia, which of the following categories of medications is **MOST** dangerous to combine with opiate therapy?

- (A) anticonvulsants
- (B) benzodiazepines**
- (C) serotonin-norepinephrine reuptake inhibitors
- (D) tricyclic antidepressants

Grading and Score Release

- Will be psychometrically evaluated and reviewed to ensure reliability, accuracy, and fairness
- Results available NLT March 19
- Score report will be released with more detailed score breakdown

QUESTIONS?

exams@abog.org

214-871-1619