

APDR Round Table Summary 7/26/2022 – ABR Initial Certification Process Feedback Session

Moderator: Dr.Carolynn DeBenedectis

Panelists:

- Dr. Brent Wagner, Executive Director ABR
- Dr. Desire Morgan, ABR Board of Trustees
- David Lacovitz, Director of Communications ABR
- Dr. Anna Rozenshtein, Program Director
- Dr. Ernie Wiggins, Program Director
- Dr. Mary Scanlon, Program Director

- ABR Presentation (Call for Comments 2022: Diagnostic Radiology Initial Certification)
 - Seeking stakeholder input and insights into current diagnostic radiology initial certification process with the goal of engaging interested stakeholders
 - Goal of continuous improvement of the process if head the need for it in the feedback
 - If they do make a change there will be substantial lead time for the trainees (at least 5 years) before it would be implemented
 - Phase 1 (discovery phase/collecting feedback) May 2022 to Nov 2022 followed by Phase 2 (solutions) Nov 2022-April 2023 (only if findings from discovery indicate need for solutions)
 - Stakeholder groups: APDR, ADVICER, APDIR, ACGME, SCARD, A3CR2, IC advisory committee, SIR ECS, ACR leadership, public survey
- APDR Survey results on DR Initial Certification
 - 72 of over 300 members responded to the survey (25% response rate)
 - Majority of respondents were current PDs
 - 54% felt core and certifying exams do well or very well at assessing knowledge and clinical competence
 - 63% feel radiologists who pass the initial certification exam are prepared for independent practice well or very well
 - 57% feel the DR initial certification exams I less biased than the old oral exam
 - 78% felt the current timing (end of 3rd year) of the initial certification exam is appropriate
 - Those that did not like the current timing would prefer it at the end of the residency
 - Areas of requested improvement to the exam
 - Multiple choice questions do not test the skills needed for daily practice
 - Communications skills were not tested
 - What does the test assess well (core/certifying)
 - 46%/54% medical knowledge
 - 14%knowledge of physics
 - 7%/11% interpretive skills

- 0%/0% communication skills
 - 3%/11% nothing works well
 - Should the certification exam test:
 - General knowledge 81% yes (19% at least optional)
 - Should it test subspecialty knowledge
 - 58% yes
 - 31% should be optional
 - 11% no
 - Impact on preparation for radiology practice compared to the oral exam
 - 8% positive impact
 - 28% no difference
 - 57% negative impact
 - 7% no experience
 - multiple choice questions assess the following well:
 - 18% Interpretive skills
 - 1% communication skills
 - 0% professionalism
 - What should the ABR keep doing – keep it virtual/remote format
 - What should the ABR start doing – go back to oral exam or at least incorporate interactive component that tests communication skills
- Program director comments
 - There is bias with multiple choice tests/standardized testing (as well there can be bias with the oral test ie examiner bias against candidate)
 - no trend in differences in gender performance on the exam but race and ethnicity data not collected in the past
 - test is biased toward “good standardized test takers”
 - those who struggle on USMLE struggle on this test as well
 - PDs agree oral exam was not perfect either
 - Studying for the oral boards (hot seat) gave residents more practical knowledge from the study process
 - Current way residents’ study for the core exam is just from question banks and not taking cases like real life (not beneficial long term, just to pass the test)
 - Residents want to do less hot seat oral type board review because they found studying questions is enough to pass
 - Will residents be able to critically think about cases as an attending due to the lack of hot seat studying
 - Certifying exam ending up being taken in the fall of their first attending year leads to lots of attendings starting their jobs late which can be hard for departments struggling with staffing that no longer get a big bolus of attendings starting July 1 instead they start in the fall
 - Current exam does not test communication skills
 - Would like to see health care disparities in radiology and cultural competency be included on the test

- Small vs large program bias with the new test (question bank availability)??? No one mentioned this is an issue with study resources
- Issues with small programs who loose manpower to study for the boards
- Now ACGME is allowing time off to study for all
- ABR does not send individual score breakdowns to the PD (only send to test taker) for privacy reasons (also not intended to compare individuals) – just give out pass fail status to PDs
 - The ABR is looking to change the score report to better serve PDs and candidates
- PDs do not feel the residents want less study time with the new boards than they did with the oral boards (may even be more stressed around these boards than the oral boards)
- Virtual/remote format is very desired and do not want that to change
- Need a test that makes residents think and interpret not just take multiple choice test
- Need to track how prepared trainees now in practice feel
 - Practices feel that the residents now are not the same quality as those that used to take the oral exam
 - Also find resident less decisive now (maybe because they were not forced to do it on a regular basis given the less hot seat board review)
- The timing of the core exam is the least important part of the exam to the ABR (happy to adjust this to stakeholder preference)