



American Board
of Internal Medicine

Do Certifying Boards Have a Role in Influencing Educational Practices?

Institute of Medicine Workshop:

Improving Genetics Education in
Graduate and Continuing Health
Professional Education

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August 18, 2014

Outline

- Background on certifying boards
- Defining a discipline through certification
- Process for tracking changing knowledge
- Assessment and learning

Background

- *Mission: To enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills, and attitudes essential for excellent patient care.*
- ABIM founded in 1936; not for profit
- Independent; certified physicians are “Diplomates” (not members)
- About 1 in 4 practicing physicians in the U.S. are certified in Internal Medicine

American Board of Medical Specialties: 24 Member Boards

The American Boards of:

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- **Internal Medicine**
- Medical Genetics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology



Internal Medicine Subspecialties

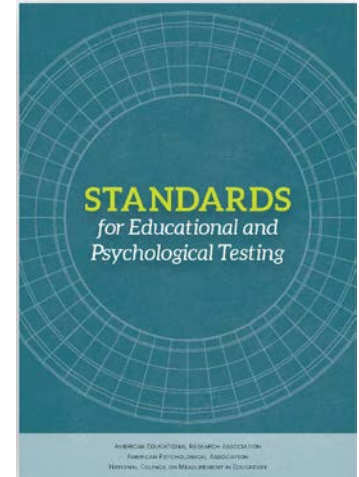
- Cardiovascular Disease
- Endocrinology, Diabetes and Metabolism
- Gastroenterology
- Hematology
- Infectious Disease
- Medical Oncology
- Nephrology
- Pulmonary Disease
- Rheumatology
- Adolescent Medicine
- Advanced Heart Failure & Transplant Cardiology
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Geriatric Medicine
- Hospice & Palliative Care
- Interventional Cardiology
- Sleep Medicine
- Sports Medicine
- Transplant Hepatology

Certification

- Internal Medicine residency (3 yrs)
- Subspecialty fellowship (2-3 yrs)
- Satisfactory faculty ratings in six ACGME competencies
- Unrestricted medical license
- Pass a summative, high stakes cognitive examination

Standards for Educational and Psychological Testing

- An important reference for professional test developers, users, policymakers, employers, and test takers
- Developed jointly by:
 - American Educational Research Association (AERA)
 - American Psychological Association (APA)
 - National Council on Measurement in Education (NCME)
- Guidelines for professional and technical issues of test development, analysis, and administration



Defining a Discipline through Certification

- Define the breadth of the discipline for the certificate
 - Samples *generously and efficiently* one's ability to diagnosis and treat patients
 - Clinical patient vignettes-- “virtual patient”
- Evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified <SPECIALIST> through a certification exam
- May require recognition of common as well as rare clinical problems for which patients may consult a certified <SPECIALIST>

Attributes of the Certification Exam

- Focus is on what a physician should know *without “looking it up”*
- *Secure/proctored environment* ensures that we are evaluating *the candidate’s own work*
- *Fairness* guarantees that candidates with *equal ability levels* and training receive *comparable exam scores*
 - Regardless of candidate background
 - Regardless of location or test version
- Content reflects *current best practices* in the discipline

Step 1: Practice (Job) Analysis

- Systematic procedure for collecting practice-related information and defining the “knowledge-base” in the discipline
- Purpose: Link between responsibilities of the profession and knowledge, skills and abilities (KSAs) on the exam
- Task oriented (behaviors of what physician does) and person oriented (KSAs)

Practice Analysis

- Typically a Questionnaire
- Developed through interviews, focus groups, direct observation, Subject Matter Experts (SMEs), textbooks, other resources
- Representative sample of respondents
 - Practitioners, educators, SMEs
 - Practice setting, gender, ethnicity etc.
- Baseline sample size: minimum 200-400 respondents

Practice Analysis Questionnaire

- Questions pertaining to:
 - Work environment (e.g., care setting)
 - Demographics (e.g., certifications, gender, age)
 - Educational Background
 - Personal Background
 - Activities performed (e.g., CPR, active listening)
 - List of tasks and/or KSAs
 - Description of last day of work

For each activity fill in one oval for an importance rating using the following scale:

0 = Not performed

2 = Minimally important

4 = Very important

1 = Not important

3 = Moderately important

5 = Extremely important

- Rating scales for:
 - Importance/Relevance
 - Frequency
 - Difficulty

Step 2: Blueprints (or Test Plans) Purpose

- Go from Practice Analysis to Test Plan
- Articulates the important characteristics of the test including weights
- Provide direction to SMEs in
 - Item writing
 - Review and classification of items
- Assure continuity in test content
- Inform examinees of test content
- Provide feedback on performance such as subscore reporting
- Validity of test score interpretations
- Document the history of test

Medical Oncology Content Blueprint

Genetics and Tumor Biology 3% of Exam		Approximate % of Exam
Cancer Biology and Genetics – which may include:		<2%
Bio	Medical Content Category	% of Exam
carcinogenesis	Hematologic Neoplasms	12.5%
Ge	Thoracic Cancer	9%
Cell cycle	Breast Cancer	10%
Receptors and signal transduction	Genitourinary Cancer	11%
Cell proliferation and apoptosis	Gynecologic Cancer	5%
Tumor invasion and metastases	Gastrointestinal Cancer	12%
Angiogenesis	Other Solid Tumors	4.5%
Molecular techniques	Anticancer Therapeutics, Clinical Research Methodology, and Ethics	19%
Carcinogenesis		19%
Tumor		19%
Heritable Cancer Syndromes – which may include:		<2%
Li-Fraumeni	Communication	10%
BRCA	Head, Neck, Thyroid, and Central Nervous System Malignancies	4%
Far	Genetics and Tumor Biology	3%
Multiple endocrine neoplasia	Total	100%
Epidemiology		
Cancer statistics		
Staging of cancer		
Epidemiologic methods		
Chemoprevention and trials		

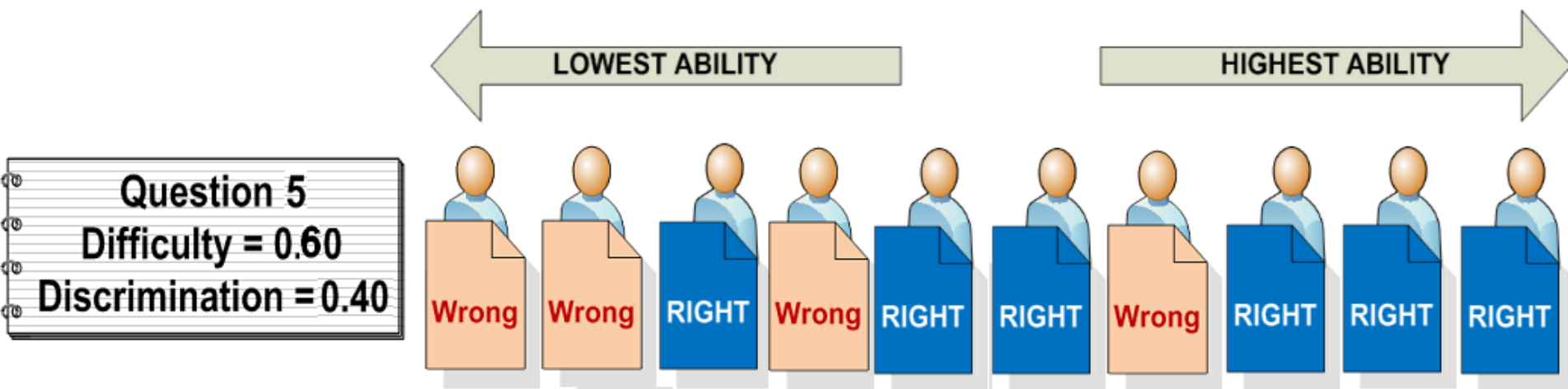
Testing Point and List of Relevant Tasks

The Board-Certified Medical Oncologist should know that:

- | | |
|--|--|
| <input type="checkbox"/> Making a diagnosis | <input type="checkbox"/> Ordering diagnostic tests |
| <input type="checkbox"/> Ordering treatment | <input type="checkbox"/> Recommending patient management |
| <input type="checkbox"/> Identifying clinical features | <input type="checkbox"/> Identifying risk |
| <input type="checkbox"/> Recognizing pathophysiology | <input type="checkbox"/> Interpreting data |

How Items are Evaluated: The Statistics

- Reasonable *Difficulty*
 - How hard or easy the question is
 - Presented as proportion getting the item correct (*easiness?*)
- High *Discrimination*
 - Correlation between item performance and test



How the Blueprint is Kept Current

- Informed by item statistics
- Annual blueprint review by SMEs
 - Are percentages still correct?
 - Practice guideline changes (reactive process)
 - Is there new content that is now stable?
- Informed by comments from exam survey
- Periodic blueprint review via survey
 - Evaluate Importance/relevance, frequency
 - Representative sample in the discipline

Summative Assessment and Learning

- “**Assessment *of* learning**” is important for public accountability
 - High-stakes assessment
 - Responsibility *of* profession *to* public
 - Self-regulation *dependent* on effective and credible assessment that is legally defensible

- **Assessment drives learning**
 - Encourages physicians to synthesize their “core knowledge” with deeper learning
 - Encourages training programs to teach content
 - The act of taking an examination improves performance above and beyond simply studying for it
 - Roediger et al (2011) *Trends Cogn Sci*.
 - Larsen et al (2008) *Med Educ*.

Conclusions

- Proactive process to define knowledge base in discipline area
- Reactive process for unanticipated changes
- Certification versus MOC
 - Philosophically similar with respect to patient care
 - Different needs for learning, more diversity in site of care, and, in some disciplines- focus of practice
- Assessment drives learning
 - Encourages training programs to teach content
 - Encourages medical societies to provide courses