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

Case List
153 CASES ADDED

Your Eligibility Period
OGYN Year 3 of 8
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.

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.

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
  o Includes task statements for subcategories

• Approximately:
  o 30% Obstetrics
  o 30% Gynecology
  o 30% Office Practice
  o 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

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

Appendix B of Specialty Bulletin
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?

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214-871-1619