

2020 Specialty Certifying Exam Update (7 p.m. Webinar)

Webinar held on October 13, 2020

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CA – Cariel Apodaca

GW – Dr. George Wendel

WL – Dr. Wilma Larsen

CA: It's seven o'clock, so I think we'll probably go ahead and get started. My name is Cariel Apodaca. I'm the Exams Manager here at ABOG. I have also here as a panelist Dr. George Wendel, who's the Executive Director of the American Board of OB GYN, and Dr. Wilma Larsen, who's the Associate Executive Director of Examinations. Dr. Wendel, I'm going to turn it over to you.

GW: Great, thank you, Cariel. Thank you all for joining us on the call tonight. We had a call earlier this afternoon, and we appreciate the opportunity to talk to you about our plans for the Certifying Exam coming up. Thank you all for putting up with the disruptions and the schedule changes and things that have been unpredictable due to the uncertainty and the evolving pandemic that's sweeping the country.

We really regret the disruption that this has occurred to your personal, professional lives, and we hope that you'll come to understand some of the decision making that we made in coming to the conclusion to first postpone the tests, then to change them into the format that will be

delivered in February. I want to reassure you that we've been working on this almost on a daily basis for the past few weeks and now months, and that we feel very confident that we're going to be able to have a very defensible examination this year so that you can move forward with your certification in obstetrics and gynecology. Having said that, we ran out of time earlier today, and I'm going to turn this over to Dr. Larsen so she can make some brief comments, and then we'll open it up for questions. Again, thank you.

WL: Thank you, Dr. Wendel. I'm going to share my screen. Hopefully, all of you can see that slide set. I am Wilma Larsen, and you've now met Dr. Wendel as well as Cariel Apodaca. Welcome to our webinar and thank you for joining us tonight. I'm going to briefly go through part of our decision making process and what's in store in the hopes that we will answer some of your questions, and then we will proceed to answer those that have been sent in first and then those that are live on the call following that.

As we've gone through this difficult time dealing with the pandemic, these are the guiding principles that we've used in order to make decisions to try to do the best that we possibly can for all of our stakeholders. As you can see here, the number one guiding principle has been safety, and that's safety for all of the candidates, but also for all of our volunteers and for all of our staff. The pandemic is very uncertain, and we don't want to put anyone at risk for a voluntary certification process. We have a number of other guiding principles that we've listed here, and as we've gone through all the changes that we've made, we've kept these top of mind in order to try to make the best decisions possible.

As I'm sure you're all well aware, we originally had November and December as our first two months in our 2020 Certifying Exam cycle, and earlier this year, we made the decision that we would delay those months into February of 2021. We've been reaching out and collaborating with a number of different stakeholders. We've had a national committee representing all of our stakeholders for all of our exams that have included exam candidates, junior fellows, other organizations such as ACGME and the CDC, and all of these groups have given us valuable feedback as we've gone through the decision-making process.

As you I'm sure know, the current models are predicting increases in cases this fall and even early into 2021, and the vaccine which we had all hoped would come this fall, is not now predicted until 2021. All of this caused us to make the decision that it would not be safe to administer in-person examinations. As a result of that, we did make the decision to change the format of the Certifying Exam. The certifying computer-based exam will be given on the 2nd of February of 2021 in Pearson VUE centers across the United States.

You can schedule those exams at this time. If you go on to your ABOG portal, you'll see the icon there that will help you schedule. If, however, you need an accommodation, either for lactation or for disability, you must contact us before you schedule with Pearson VUE. Pearson VUE will not prevent you from scheduling, but that appointment will not take into account whatever the requested accommodation is, so please make sure that you call us before you schedule with Pearson VUE.

As we've stated, this exam is going to be a multiple-choice exam. It's going to be clinically based, meaning that there won't be esoteric questions that are asking for isolated facts that really don't impact your clinical practice, but it will cover the breadth and depth of the specialty based on the blueprint, which I'm going to go into in a little bit more detail in just a minute. Be aware that many of the questions will cover more than one category when we do blueprint mapping.

As you all know, you've submitted a case list for approval, and that case list must be approved before you take the examination. You can book your Pearson VUE appointment before the case list is approved, and I want to let all of you know that as of today, every case list that has been submitted has been reviewed by ABOG at least once, and either approved or sent back for adjustments. You will be able to look at this on your portal, and I'm going to show you the icons in just a second, but if for some reason your case list is not approved, the reasons will be listed.

By far, the most common issue is the incomplete verification forms that we see fairly frequently. If you go to your portal, the case list is this middle icon here, and if you click on that, if your case list is approved, this is what will come up. There is nothing else that you need to do with your case list at that point. It is approved. There is nothing further required.

If, however, you click on that and what comes up is something more similar to this, this means that your case list is not approved, and it has reasons for a lack of approval listed. In this case, the candidate had four case lists submitted. None of them that are listed here were approved, and it gives a reason, such as in the third one: please upload only the affidavit page, meaning that the person uploaded the case list and the affidavit. Also, in this case, the hospital case list contained identifying information and that cannot be submitted, so it has to be corrected. Also, the case list collection dates were blank in the affidavit, and so that has to be corrected as well.

So, any reason that you have for your case list not being approved will be listed on your portal. If you have any questions whatsoever, please feel free to email us. I'm going to show an email address, or call us, and I will be showing the phone number as well, so that we can help you with that.

As I mentioned, the exam will be based on the Specialty blueprint for the Certifying Exam, and that is located in the 2020 Specialty Certifying Exam bulletin, and that's listed down to task statements, or topics, for all of the subcategories. The exam will be approximately 30 percent obstetrics, 30 percent gynecology, 30 percent office practice, and 10 percent cross content. That is the normal distribution for the Certifying Exam. Those areas can be broken down further as you see here.

For the obstetrics subcategories, you can see these are listed in each of the areas, so when you're thinking about what to study, Intrapartum Care: Complications, Obstetrical Procedure is the largest portion of the obstetric subcategory.

Here are the different percentages for gynecology. Again, these are listed in the bulletin.

Here are the subcategories for office practice.

Here are the subcategories for cross content. Each of these areas will be covered in approximate amounts on the examination.

So how to prepare for this examination? Well, as mentioned, the full blueprint is in the bulletin and the task statements or topic areas can be translated into questions, and so that should be what you use to guide your studying for the different areas.

Just as an example, this is, as you can see, Evaluation and Diagnosis of Antenatal Conditions. That's the primary category. You see that here, and as mentioned on a previous slide, that's seven percent of the obstetric area.

The top or subcategory would be Evaluate, Diagnose, and Manage Preconception or Antenatal Conditions, and then the task statements are all listed out. For example, Common Antepartum Complications (Hyperemesis or First Trimester Bleeding). As you can imagine, hyperemesis would be a common topic area for an item to test common antepartum complications, and so when we say down to the task statement or topic area, that's what we mean. These will be translated into questions.

I've brought some examples of questions. This is from OB, and it's the particular topic areas OB3.1.B, which is Evaluate, Diagnose, and Provide Operative Delivery. I'm not going to read this to you, but you can see the question here, and it's a clinically relevant question. The question stem is actually, "Which of the following is the best intervention to lower her risk of surgical site infection?" The answer, which is bolded, is cefazolin. This would be the type of clinically based question that you would see on the examination.

Here's a second example. The example this time in gynecology, Evaluate, Diagnose, and Manage Intraoperative Hemorrhage. As you can see, this question has a more robust clinical scenario, but the stem is, "Which of the following is the best next step in management?" Now, if you remember from taking your Qualifying Exam, almost all of the questions on our examination are what we call single best answer questions, not single answer questions. That means that all of the answers are correct, but one of the answers is most correct. In this case, performing immediate operative laparoscopy would be the correct answer.

Here would be an example in office practice, Evaluate, Diagnose, and Initiate Management of Infertility Disorders.

Again, a clinical scenario, and then, "Which of the following is the best next step in the evaluation?"

Finally, an example of a cross-content question. This time in the area of pharmacology. As you can see, this is a medication-based clinical question, asking about opioids and interactions with other medications. This is not asking for a specific dosage or asking for something that would be considered very rare. This is questioning on a common clinical scenario which is opioid therapy.

Like all of the ABOG exams, we use psychometric analysis in order to evaluate and review the examination and set the passing score or cut score, and the reason for this is that's how we ensure that the exam is reliable, accurate, fair, and meets all of the defensible standards. Just to give you a little bit more information on this, specifically what we mean by this is that we will be doing what's called standard setting for this examination.

Although most of the questions for this examination, if not all, have already been previously written and have statistics, this will be a very different exam in that it's a different group of candidates and the exam is laid out based on the Certifying Exam blueprint, not Qualifying Exam blueprint, and there will be only clinically based questions. To ensure the reliability, accuracy, and fairness of the examination, we will be doing a standard setting, which means bringing in subject matter experts. They will be looking at every question and making the determination of whether or not the minimally qualified candidate would be likely to know the answer to that question. When I say minimally qualified candidate, I mean a candidate who's qualified to be certified, but is not at the very top, is just qualified to be certified.

This standard setting is the gold standard in psychometric cut score setting for computer-based examinations. We will also be doing what we would call flagged item review, meaning that we will be reviewing items from the examination that don't perform the way that we expect them to following the examination. The reason for that is to make sure that there are no miskeyed questions, no questions where the answer is incorrect or standards have changed.

We do that both before and after the examination to ensure the accuracy of the exam. As a result of all the psychometric analysis, the results of the examination will be available no later than the 19th of March. We will be sending out an email to everyone who takes the exam the day prior to the release of the results so that you can expect it. We will also be releasing score reports with this examination, which will give you more information on how you scored in the

different portions of the examination. It will break it down by the subcategories that I showed you earlier.

I'm going to leave this slide up in case any of you need to write down our email address or our phone number, but we're going to transition now to answering the questions that were sent in prior to the start of the webinar. Cariel?

How many questions will be on the exam?

WL: There will be 200.

Will this exam format "count" in the same way as the regular oral boards? Will this be a temporary or limited certification with requirements to take an actual oral exam in the future?

WL: No, this is the examination. There will not be a requirement for an additional or secondary exam in the future.

If miraculously COVID is no longer a consideration in February 2021, is there a chance you could switch the format back to oral exams, or can you guarantee this exam will remain computer-based?

WL: Because of the amount of planning that goes into determining an examination, we would not be able to switch back to the previous format, so the Certifying Exam for the 2020 cycle will be the computer-based exam that we're discussing. We will not be switching back to an in person oral examination.

Should the situation with COVID become worse, is there a chance this exam could be delayed again or cancelled altogether? If so, will it remain in computer-based form, even if that extends into the 2021 cycle?

WL: If the situation worsens and Pearson VUE centers cut back on their capacity as they've been done in the past in the early part of the COVID pandemic, we would plan to add a second date to allow all candidates to take the examination. If all of the Pearson VUE centers were closed due to a country-wide increase in COVID, we would then look for an alternate date in the later spring or summer in order to give the examination. I will say that we will do everything possible not to push anything back to the 2021 fall time frame

Given this is the first time this has ever occurred, are all the test questions going to be newly written and untested prior to our exam since this is the first year? Who's doing this? How are you verifying the questions are accurate, up-to-date, and applicable on such a short timeline?

WL: I think I answered part of this question earlier during my presentation, but when we have subject matter experts are the people that help us by writing the exam items and when the exam items are written, there's always a significant percentage of them that are written as clinical scenario questions at the top of Bloom's Taxonomy. There are also some questions, as you're aware from your Qualifying Exam, that are innate knowledge recall type questions, but all the questions on the exam will have been tested and have statistics associated with them. Some of them may have been modified to make them more clinically relevant, and that's why it's so critical that we do standard setting in order to set the cut score for psychometric validity.

This cohort that will be taking this exam is not the same group that's taking a Qualifying Exam, so to compare statistics if these questions were used on a prior Qualifying Exam, that isn't reasonable to do, and they're not at the same percentage for the Certifying Exam as they would be for the Qualifying Exam. Our subject matter experts are who helps us with this, and they are working to ensure that the questions are accurate and timely and up-to-date, and they're doing that now. As I mentioned that we'll, if there are questions that don't perform as we expect, it will be they will be looked at again after the examination.

How is this exam different than the written boards we took upon residency graduation?

WL: The format is the same; it's a computer-based multiple-choice examination, but the questions will be clinically based. They won't cover non-clinically relevant topics or isolated facts. They'll be testing judgment and skills, not just knowledge.

Will this exam be curved based on a bell curve, or can all candidates pass the exam?

WL: If all candidates perform at the level above the cut score, then all candidates could pass the exam. We don't curve examinations at ABOG. We use psychometric evaluation.

Will everyone be tested on the same material?

WL: Yes.

How are our case lists being used for the exam?" And the follow-up question to that is, "Will they be considered in scoring?"

WL: So, for this examination, the case lists are being used to determine eligibility to take the exam but will not be used during the examination or for scoring of the examination.

Will there be a penalty for guessing?

WL: No.

The FAQs suggest that if we take and fail the online exam offered February 2, 2021, we may take the oral exam next year in the 2021 cycle. Is this true for all candidates, regardless of ABOG history and their status regarding eligibility?

WL: Yes, this is true for all candidates, regard regardless of eligibility. Any candidate who is not successful will have their eligibility extended by a year and they will be able to take the 2021 Certifying Exam.

Since ABOG does not have to pay to have examiners administer the oral board, the cost of the exam may go down considerably. Will we receive a refund? If so, how much and when?

WL: Unfortunately, in order to offer this examination for the 2020 cycle, ABOG is paying over a million dollars in contract penalties. Contracts are made well in advance, and we are paying a significant amount of money for those contracts, as well as a significant fee for offering the examination at Pearson VUE centers, so we will not be offering a refund.

If one doesn't finish the exam questions due to a time constraint, will the remaining questions be marked wrong, is it best to go through all questions at the end and put down any answer?

WL: I can't comment on candidate strategy, but any question that's left blank will be scored as incorrect.

Will we be able to see what the interface will be like for the exam, have a layout of the questions, and arrows on the screen will look, ability to star a question, be able to go back to it, ability to skip and review all questions at the end?

WL: The interface will look very similar to that of the Qualifying Exam. You will be able to flag questions and go back to them. You can skip questions and go back to them as well.

Is the exam standardized or related to our individual case list?

WL: The exam is standardized.

I'm sure you considered the option of some kind of live web oral exam. One option would be that to have the candidates still go to the Pearson VUE testing center for the security, integrity, and video conference with the examiner.

WL: Pearson VUE does not currently have that capacity, with very few exceptions across the country. They are, however, as is Prometric, looking at possibly developing that because of the pandemic and all the changes that has brought about. ABOG is still working to develop a virtual testing capability, and we do expect to have that in the future if needed, but we don't have it at this time.

Why not just postpone everyone to next year?

WL: We do not currently have the capacity to double our testing numbers in one year. If we were to postpone everyone into next year, first we would need to double the number of examiners or ask examiners to test for two or more separate weeks. Most examiners are very confined because of COVID and the different financial implications that that has had on institutions, and it is really just simply not possible for us to do that. That would mean that if we did basically cancel the test, it would be a delay in candidate certification.

GW: Just like to add that in addition, we don't have any hotel contracts for those dates above and beyond what we've already committed to for those dates, and most hotels that book large groups are booked years in advance, and so that the difficulty in in booking those would be very challenging to surmount.

Is there any consideration being given to the possibility of offering a second test date?

WL: At the current time, Pearson VUE is able to offer us capacity to allow all candidates to take the examination on the 2nd of February. We will only offer a second test date if we are required to based on the COVID situation.

Are breaks allowed during the exam, and what is the length of the exam?

WL: Candidates are able to take an unscheduled restroom break during the examination. That's generally around 10 minutes, and then any candidate who is lactating can request an accommodation for lactation, which is a 30-minute scheduled break for lactation.

Will there be any questions on biostatistics?

WL: The blueprint includes epidemiology and evidence-based medicine, so there will be clinically relevant questions, but not purely biostatistical questions. For instance, we wouldn't be asking what the definition of positive predictive value is.

In regards to cervical cancer screening and management, should candidates be prepared to provide answers based on the most recent guidelines and recommendations released by the American Cancer Society or those released by the American Society for Colposcopy and Cervical Pathology?

WL: Questions will be based on the joint statement that both societies put out in 2020.

Would we be required to know specific doses of medications that are uncommonly used in exact percentages?

WL: There will be medication information on the examination, but it will be clinical content. It won't be based on uncommonly used medications or exact percentages.

How can you say this test is sufficient to make an applicant board certified this year, but it will not be sufficient next year? And if it is sufficient, why are we forcing individuals to spend thousands of dollars on a much more expensive test with more expensive travel? I would like any reasonable justification that can say this test is sufficient for board certification one year, but insufficient the next. Either the test is sufficient and both forms of certification are sufficient and we should not be subject to unnecessary expenses, or it's an insufficient test and we should not be saying someone is board certified and capable of functioning as such if the test isn't adequately designed to say such.

WL: We appreciate your concerns. ABOG feels it is important to allow candidates the opportunity to achieve board certification safely in this very unprecedented situation, Postponing the exam would mean candidates would postpone their certification, which could possibly cause delays in employment or delays in their careers. We are offering a computer-based exam as an option for this year only and has already stated it will be valid, defensible, and psychometrically sound. Our Board of Directors believes strongly that the in-person oral examination format is currently the best way to measure a physician's knowledge, judgment, skills in individual practice. That is why we will be moving back to that format as soon as the risk from COVID has passed.

Will the OB, GYN, and Office sections be separate, or will questions be mixed together?

WL: All the questions, including cross content, will be mixed together.

Will there be "linked" questions? For example, those that once you select an answer, that answer can't be changed because it leads to another potential question.

WL: No.

How current will the questions be to current recommendations? What is the cutoff month and year?

WL: August of 2020.

How many sections are on the exam?

WL: I believe I've answered this already, but there aren't sections. There's one examination. It can last up to four hours, with 200 questions across the four content areas that I mentioned.

GW: Wilma, I may be reading into that question, but do you want to address that the concept that there are not sections, that you pass or don't pass to make up a final pass fail grade?

WL: What Dr. Wendel just said is exactly right. It is not going to be that the office questions or items will be graded and then the GYN items would be graded, the OB items would be graded, in the cross content items all graded individually, and you have to pass a certain number of those sections in order to pass the exam. There's one examination. It will be graded. The cut score will be set based on all the items taken in total.

If you have special accommodations already approved of the exam, will that be accommodated for the new exam?

WL: It is very, very important. Thank you for asking this question. It's very important that if you need an accommodation, you make a new request, because now that the exam is being held at a Pearson VUE center, we have to work with them in order to grant you that accommodation. We don't want to make any assumptions on required accommodations. You will need to contact us either by email or call the number that's on the screen and speak with us so that we

can work with you and with Pearson VUE to make sure that you can take your examination with the appropriate accommodation.

I understand that I can use my current case list for next year, yet have to meet the requirements for 2021. Since the requirements are different, are we able to just add on cases from an 18-month period? How will this discrepancy be solved?

WL: For anyone who elects not to take the computer-based Certifying Exam and wants to move to 2021, we ask them to contact us individually, and we will work with them on that. We will work with individuals on this issue.

How difficult will this exam be on a scale from CREOG hard to MOC easy?

WL: We don't actually have a way to compare our examination to the CREOG exams, as we are not involved in the development or administration of that examination. This will not be an MOC-type examination. It will be more like the Qualifying Exam, but without any non-clinical knowledge questions.

Can someone take the exam in countries other than the United States where Pearson centers are available, like in Europe or Asia?

WL: That's a really important and excellent question. Yes, if you need to take the examination in the country other than the United States and Canada, please contact us by email with the email that's on the screen so that we can work with you to get that set up.

Will there be pathology slides on the exam?

WL: No.

Will the questions be individual multiple-choice questions or a set of four or five questions that will simulate a clinical scenario?

WL: The questions will be individual multiple-choice questions based on a clinical vignette or clinical scenario.

I'm concerned about being a 2020 candidate and how that may look to future jobs, if it'll be seen differently from those who are certified via an oral exam. Will you be removing the certification date from the Verify a Physician function on the website?

WL: We are not planning to remove the certification date from the Verify a Physician function on the website. ABOG stands by the psychometric validity and reliability of the examination, and those candidates who become certified this year are becoming certified just like any candidates from any year are certified.

We had been told that we were able to schedule examination appointments via a link in the dashboard, but this icon is not present despite my approved case list. I contacted the Exam Department today, and from their impression, the icon is not present for anyone yet. Can you provide some clarification?

WL: The icon was definitely present the last time that I checked, so I'm not sure what exactly to say on that.

CA: I believe this relates to the confusion that we had this morning as to whether or not the icon had actually posted two websites, and so there was a little bit, but it has now posted and an email was sent to make sure that that everyone was aware of that at the time when it was made available.

Are you going to ask about COVID in pregnancy?

WL: Infectious disease in pregnancy is one of the topic areas on the exam blueprint.

What if the ABOG portal has not provided this task on my dashboard? How can I schedule with Pearson VUE?

WL: You can go directly to the Pearson VUE website. However, if that is the case and you looked anytime after early this morning, I would ask you to contact us and let us know that because if we have issues with our technology, we need to know that and correct them. If you're having a problem, other people may be having a problem as well.

Will this exam be simply pass/fail?

WL: Yes, the exam is. You will receive a scaled score on the examination, but there's a cut score, and if you're at or above the cut score, you pass and if you're below the cut score, you fail.

The updated bulletin states there will be customized multiple choice questions based on the case list. Is this still accurate?

WL: I'm sorry, I'm not sure exactly what you're referring to in the bulletin. An individual's case list is not being tested on this examination. It's being used to determine whether or not you can take the examination.

CA: I would just add to that if that says that somewhere in our bulletin, if you could please email that information to us at this email address on the screen, we would like to look into that.

Was there a thought about trying to do this exam via Zoom or Microsoft Teams? I have heard of other specialties doing this with success.

WL: Yes, we certainly have been exploring that option, and ABOG is still working to develop a virtual capability for the future. I will say that the other specialties that have been doing this are currently giving a much smaller volume of examinations than the 1,550 candidates that are scheduled for the Certifying Exam for us, but we simply are not able to accommodate it at this time.

GW: Wilma, do you want to mention that there are some unique features of our exam that no one else has on their oral exams and the technology is not as far along as one would hope?

WL: Sure. We are working with a vendor in order to be able to do virtual exams in the future, and that vendor has worked with other boards. As Dr. Wendel mentioned, we do have some unique aspects, such as the case list, to our examination that would be brought into the virtual exam, and so that does make our exam a little bit more technically difficult for the subspecialties. Of course, there's the thesis as well, and so our exam is unique, and if we have to do a virtual exam in the future, we want that to be a success, and we did not feel that we could be sure that we could make that happen for the January-February time frame.

If you fail this multiple choice exam, do you have to recollect cases and do you have to pay a fee for 2021?

WL: You do not have to recollect cases; you can use your case list for this year, although you may have to modify it to meet the 2021 requirements. You will have to pay a fee if you're not successful and you're going to take the oral exam next year.

Are the PROLOGs still the model question type, or should we imagine turning the Pearls of Excellence into multiple choice questions?

WL: Off the top of my head, I don't know if PROLOG are continuum type questions, where all the distractors are correct, but one is the most correct. However, PROLOG are multiple choice questions. These are however, based on clinical scenarios that is similar to Pearls of Excellence. However, that's a difficult question for me to answer because these are multiple choice clinically based questions.

The task statement/topic areas that you referred to in your presentation, Dr. Larsen, referred to Appendix B in the bulletin, correct?

WL: I believe it's Appendix B. I don't have the bulletin memorized, but it's definitely one of the appendices in the bulletin. It's the only one that covers that, specifically says is the topic areas.

Will a question bank be made available to use as a study tool?

WL: ABOG will not be developing a question bank as a study tool.

There are both Qualifying Exam question banks and Maintenance of Certification exam question banks available. Which would you recommend?

WL: I have no recommendation regarding that.

Previous info from both Pearson VUE and from ABOG indicate that there will be 240 questions in the exam. Dr. Larsen answered that there were 200. Which is correct?

WL: Pearson VUE did not give out any information that I'm aware of. If they did, that's incorrect. There will be 200 questions.

Will there be an alternative day if someone has a fever and can't get into a Pearson VUE center?

WL: We will be putting out information on specifically COVID-related illness that would prevent you from taking the exam at the time of the examination. That information will be forthcoming.

I'm not familiar with psychometric evaluation. Is the cut score something that will be determined once everyone has taken the test, or is it predetermined? Any general idea how many correct answers are needed to pass?

WL: Psychometric evaluation is something that's done once everyone has taken the test. There is no percent correct that we determine ahead of time that says you need a 70 or 75 or any other percent correct in order to pass the exam. It's strictly based on the standard setting, which is done looking at each and every question on the examination in relation to the minimum qualified candidate.

GW: There are standards we have to make as an organization in the assessment industry, and those are called psychometric principles, standards that assure that the test measures what we think it's measuring, that it's fair to the candidates, and that we make defensible standards on what's right and what's wrong and what's a pass and what's a fail. These are really issues that we take quite seriously, and we would have not undertaken this transition of the of this year's exam without knowing that we can meet those. It's a term that we use every day: psychometric standards, psychometric defensibility, but what it really is it's holding our feet to the fire to make sure that we're giving you a fair exam that's reliable and valid and that again, we can then defend, that you are certified by ABOG and it means you are a diplomate that's met the standards that have been established by your peers on our Board of Directors and our subject matter expert committees representing your colleagues.

Is there a suspected pass rate that you have, or is there a significantly below average pass rate? For example, 50 percent, that at which point you would consider creating a bell curve or grade inflation to the average pass rate.

WL: There is no bell curve associated with this exam. There is no suspected pass rate. The exam itself will be looked at to determine where the cut score will be set.

GW: I think one of the things you might fail to comment on is the measures that we take in advance and after the exam are to prevent those kind of things.

WL: That's exactly correct, looking at the questions and making sure they're applicable and up to date and looking at the questions and their performance afterward, and if there's a question that does not perform well and we feel that it isn't appropriate, then we remove it from the test.

If you fail the CE this cycle and take the 2021 CE, will this history be available to the oral board examiners?

WL: No.

What do you recommend is the best way to study for this exam?

WL: We do recommend that you look at the topics or task statements in the bulletin. We recommend OB and GYN texts, potentially ACOG puts out a lot of standards and clinical information that may be helpful as well.

GW: Wilma, do you want to comment on the degree to which subspecialty areas might be something to study for and at what level?

WL: This is the Specialty Certifying Exam, and although I showed you the blueprint for gynecology, it has neoplasia as a four percent content area for gynecology. If you look at the office practice, there is one of the subcategories that deals with the initial management of different types of cancers. Those are very small areas, and the expectation is not that you would be performing as a subspecialist. The expectation is that you would have a general broad knowledge of the different areas and how to manage them, but we wouldn't be asking, for instance, what's the best management option for a patient with 3b cervical cancer?

Given the COVID pandemic is likely to worsen in 2021, is there a possibility the test date can be moved to a sooner date?

WL: No. The test date that we have been able to secure is the earliest possible date we can give the exam at.

Is there a chance that the oral Subspecialty Certifying Exams may be pushed to this type of format as well, seeing as how they're only scheduled for two months after the general CE?

WL: We do not plan to push them to this type of format. Our hope is that if we are unable to give the Subspecialty Certifying Exams in person, our virtual capability will be up and running at that time and we can give them virtually.

Can I write the exam at any Pearson VUE center?

WL: The Pearson VUE centers that we use are the main Pearson VUE centers. However, if you need to take your examination overseas not in the United States, that may require a non-main Pearson VUE center, and we will work with you on that. You just need to contact us.

GW: I believe are they called a professional.

WL: Yes, thank you. Professional, I was blanking on that. So, Pearson VUE professional centers are the ones that we use in the United States and Canada.

I know that in the past, there have been very strict rules with what we can and cannot bring to Pearson VUE. Are we allowed to bring our own earplugs, and if so, can we avoid having someone touching them? I would like to avoid exposure to COVID. Also, is there going to be an issue if I wear my P95 respirator for COVID prevention to the test?

WL: The ear plugs, I have not had that question before. I would suggest you contact your Pearson VUE center where you're planning to take the examination and discuss that with them. As far as your P95 respirator, masks are required at all Pearson VUE centers, and that would include a P95 respirator.

Pap smears are based on the new 2020 guidelines, correct?

WL: Where there are differences, yes.

Would the Pearson VUE center provide us with the opportunity to test the exam software prior to the exam for usability?

WL: I'm not really sure what you're asking there. The exam will go live on the day that it is given. The software is no different than the software that's used when we administer the Qualifying Exam such as was given in July.

Will our board certification have any type of note or disclaimer moving forward that we did not take the oral exam but instead took this written exam that many of our peers who are already board certified believe is not an adequate exam?

WL: No.

GW: I'd just like to make a comment on that, too. There are a lot of myths and misperceptions about rigor, reliability, validity, and what it means to pass an exam. I can assure you that our board and all the subject matter experts that we've consulted have full confidence that our decisions that you are going to be board certified when you pass this exam are just as psychometrically sound and defensible as our prior examination models and whatever our future model will be as we move back to an oral exam format. There's no doubt in my mind that you will be just as capably certified with this method as with an oral examination, and I can pledge to you that our board and all of us will stand behind that. Remember also that many boards just have an oral exam for certification. Internal medicine, pediatrics, and family medicine have very rigorous, long, multiple choice questions for their certification, some of which are almost a day long. The concept that multiple-choice question exams are valid for certification is a misperception, that they're not.

How many new questions will be written versus using previous QE questions and making them more clinically relevant?

WL: I can't answer that specifically. The examination is not completely laid out yet we're working on the process now.

It has been rumored that fewer people are expected to pass this written exam than the oral exam. Can you comment on this speculation?

WL: That's pure speculation and not in any way coming from ABOG and is not an expectation on our part.

Will there be questions with pictures? For example, histology.

WL: There will be questions with pictures potentially, although we don't have histology questions on the exam.

What are the possible examples of pictures that may be on the test?

WL: One example would be a fetal heart rate tracing. Another example would be a picture of prolapse, a picture of a vulvar lesion. Those would be different examples of things you could see.

GW: An ultrasound image, perhaps?

WL: An ultrasound image.

A lot of time and effort has been given for each of us in creating the case list. Why was it decided that this will not count toward the scoring?

WL: In order to administer a test based on the case list, we have to be able to determine a psychometric way other than an oral examination to grade it, and there is no precedent for

doing a written examination and grading a case list. Our exam, we have to meet standards and they have to be psychometrically sound.

Do I need to email the Exam Department if I'm writing my exam from Canada?

WL: No.

Since we've paid so much money in exam fees and oral board prep courses, is there a way above can provide us a free question bank to practice questions?

WL: ABOG will not be providing a question bank to practice questions.

GW: We can't comment at all on any policies other than our own policies. If one has paid fees to prep courses, I would suggest that they address those policy questions to those organizations and those companies.

Will the written test questions be similar to the questions the examiners ask in the typical oral Certifying Exam?

WL: No, in that the examiners don't ask multiple choice type questions, they ask open-ended, sometimes or direct, questions, but that they would be more similar to writing a paragraph or a short answer than multiple choice.

What would make someone fail their case list and not be able to sit for the exam?

WL: An inadequate case list, not providing all of the requested information, not completed the attestations, those sorts of things.

GW: I also think it's important to recognize that it would not be a failure of the case list. Right, it would just be the standards for eligibility to take the test.

WL: Exactly. Thank you, Dr. Wendel.

Once the case list is approved, is the review process of your case list complete?

WL: Yes.

Will the question stem length be similar to that in examples from tonight? PROLOG and CREOG stems were frequently long.

WL: The question stem length will be similar to the examples from tonight. Some may be slightly longer than the ones that I showed you, but they will not be dramatically longer.

GW: I think it's important to highlight a difference between a summative exam and a formative exam, Larsen. Do you want to comment on the difference between a PROLOG and a CREOG test compared to a certification exam?

WL: When questions are written for formative such as CREOG or PROLOG, they are written in a different manner and will often have a lot of information that isn't necessarily absolutely required for a candidate to be able to answer the question. We make every effort to make sure that the question is clinically relevant without including excess information that would bog a candidate down as they're going through the question.

GW: Well, the PROLOG and CREOG exams are designed and the questions are written to help you identify areas where your knowledge may need some work to improve the breadth and depth. It's not an exam that's pass/fail, and as such, it's a different sort of assessment in many ways.

Will this exam go into as much detail as the Certifying Exam in the fields on gynecologic oncology, REI, and Uro Gyn?

WL: This is a Certifying Exam, so it will be based on the blueprint, and we'll go into information in those areas that are appropriate based on the specialty blueprint.

Did you say that all answers will be correct, and we have to pick the answer that is most correct?

WL: The majority of questions on our Qualifying, as well as this upcoming Certifying, Exam are what we call single best answer questions, which mean all the distractors could be correct, but one is most correct. So, yes.

GW: But it is important that that's the same style of question on the Qualifying Exam.

WL: Yes.

What if a candidate has another reason that they are unable to sit for the exam? For example, pregnancy, delivery, or another illness on the day of the test.

WL: We will definitely be making accommodations for COVID-19, just like we did for the Qualifying Exam, but just like for the Qualifying Exam, other issues will not be, with the

exception of emergencies or natural disasters, at testing centers. Again, we will be getting out information.

Is the bulletin updated for the multiple-choice exam?

WL: I can address that, Cariel. Thank you. That the only thing that was updated recently in the bulletin was the topic area. There will be a completely new bulletin coming out. We were in the process. We didn't want to wait on that to get this information out to candidates so that you could be as prepared as possible for the exam, but the bulletin, that is the structure of the in-person oral Certifying Exam, that is not the structure of the multiple-choice question Certifying Exam and we'll be updating the bulletin to reflect that.

Is it conceivable that there could be a 100-pass rate if all candidates achieve the necessary amount of correct answers, or is the pass rate based on the performance of the whole cohort?

WL: Yes, I did answer that already. If everyone scored at or above the cut score everyone could, because it's pass.

GW: It is important that our exams right now are designed in that same fashion.

Does one question have heavier weight in grading versus another question?

WL: No.

CA: Okay, it's eight o'clock central time.

WL: So, I just want to say first of all thank you for participating in the webinar. We will go through and answer all the questions that were submitted, and those answers will be posted on our website. Additionally, we will be posting a PDF copy of the slide show that that I've given, and we'll also make a copy of the webinar available for you on the website. That will take a little bit longer because it has to be edited before it goes up, but we will have all this information available on the website. Again, just to clarify, the bulletin has not been completely edited. It currently reflects the in-person oral examination. It will be completely edited, and all of that information will be re removed with only the information on the multiple-choice exam.

CA: Okay, thank you all for your participation and attendance. We'll distribute this recording and all the other information as soon as it's available. Thank you.