STUDY STRATEGIES

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original slides by Rina Reyes

CERTIFICATION

“As part of the requirements for certification by the ABPMR, candidates must demonstrate satisfactory performance in an examination conducted by the Board covering the field of PM&R.”

- Certification Booklet of Information
- www.abpmr.org
- As of 2014: 11,433 diplomates

2014 Data

- Part I- 479 candidates (395 1st time)
  - 78% overall pass rate
  - 91% pass for first time candidates
  - 31% pass for repeat takers
- Part II- 386 candidates (335 1st time)
  - 80% overall pass rate
  - 86% for first time candidates
  - 55% for repeat takers

SAE exam results are a generally a good predictor of board scores
2013 Pass Rates: Subspecialty Exams

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>1st Time</th>
<th>Repeat</th>
<th>MOC/Other</th>
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<tbody>
<tr>
<td>SCI</td>
<td>86%</td>
<td>50%</td>
<td>74%</td>
</tr>
<tr>
<td>Pain</td>
<td>99%</td>
<td>100%</td>
<td>82%</td>
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<tr>
<td>Pediatrics</td>
<td>100%</td>
<td>90%</td>
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<tr>
<td>Sports Med</td>
<td>60%</td>
<td>40%</td>
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<tr>
<td>Hospice/Palliative Care</td>
<td>ABPMR 76%</td>
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<tr>
<td>Neuromuscular</td>
<td>ABPMR 37%</td>
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<tr>
<td>Brain Injury</td>
<td>pending</td>
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2014 MOC Data

Time-limited certificates since 1993; valid for 10 years
- 97% First time pass rate
- 510 examinees

Four components (evolving frequently):
- Professional standing (maintain license)
- Lifelong learning & Self-assessment: (300 CME/10yr)
- Cognitive expertise: 160 qs, computer based testing
- Practice Performance Project

PART I

- Questions “are designed to test the candidate’s knowledge of basic sciences and clinical management as related to PM&R and will be in the form of objective testing.”
  - Certification Booklet of Information
  - Examination Content Areas Outlined in appendix

PART I – August 17, 2015

- Designed to show your fund of knowledge
- 7 hours total with two 3-hour blocks
- 325 multiple-choice questions; closed book
  - 165 + 160
- Local computer-based exam (Pearson VUE Professional Centers-
  http://www.pearsonvue.com/abpmr/)
  - Demo tutorial available online/pre-test (excludes exam time)
- You can look at any question in the 3 hour block, but not between sessions
### PART I

- Questions-review pamphlet from the ABPMR for structure (a-d multiple choice)
- Content Areas- Look at website for exam outline and target weights
- Questions written at the level of a rehab textbook

### PART I EXAM OUTLINE

**Two Independent Content Domains**

<table>
<thead>
<tr>
<th>Type of Problem/Organ System</th>
<th>30% Neurologic Disorders</th>
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<tbody>
<tr>
<td>32% Musculoskeletal Medicine</td>
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<tr>
<td>5% Amputation</td>
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<td>8% Cardiovascular and Other Systems</td>
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<tr>
<td>15% Rehab Problems &amp; Outcomes</td>
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<tr>
<td>10% Basic Sciences</td>
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</table>

<table>
<thead>
<tr>
<th>Focus of Question/Patient Management</th>
<th>31% Patient Evaluation &amp; Diagnosis</th>
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<tr>
<td>15% Electrodiagnosis</td>
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<tr>
<td>32% Patient Management</td>
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<td>10% Equipment &amp; Assistive Technology</td>
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<td>12% Applied Sciences</td>
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### Part 1 Preparation

- Review topic list
  - Ensure that you have had exposure to each one
  - Strategize based on topic weights
- Read a general textbook (Braddom or DeLisa); "Board Review" Books (Cuccurullo); none specifically endorsed by ABPMR
- SAE to survey your strengths/weaknesses and practice answering multiple choice questions
- Study guides
- Study groups, Review Course
- Evaluate your program’s historical areas of strength, weakness
- Expect multimedia (images, tables, graphs, video)
**Part 1: General Test-taking Strategies**

- Look for salient points of question
- Read and understand the true question or final sentence carefully (e.g. correct vs. incorrect answer)
- Look for lead-in statement in stem
- Clarifies the task
- Qualifiers (next, immediately, initially)
- Caution with answers containing absolutes or exclusionary words

**Part 1: General Test-taking Strategies**

- Try answering the question without looking at the answers
- Look for mutually exclusive answers to cut down the potential options
- Time management- go through all the questions and answer the easy ones first

**Other Clues: Use only if you’re stuck!**

- Uneven length of options
- Cues of grammar
- Non-random or illogical placement of options
- Note: Multilevel review guards against this possibility

**PART II: Purpose**

- “Candidates will be expected to present, in a concise, orderly fashion, evidence of their proficiency in the management of various clinical conditions within the field of PM&R. During the oral examination, the examiner will ask questions about diagnostic procedures, therapeutic procedures, and patient management.”
- Certification Booklet of Information
PART II

- "It is the intention of the ABPMR to use the oral examination to assess different areas of physiatric competence than the Part I exam.**

- NOT A KNOWLEDGE TEST

- "A candidate must have competency in medical knowledge to address these questions, but the vignettes were not designed to ask for a recitation of facts.**
  - *Diplomate News, Summer 2005, Vol. 12, No.1

PART II: Enhancements 2005

Candidate presented with at least 3 standardized clinical case vignettes developed by the Oral Examination Committee.

17 possible categories; vignette may include more than 1 category

PART II: VIGNETTES

- Examiners extensively trained on the vignettes and scoring system.
- Independently rated on each skill
- Statistically adjusted for the severity of examiners, difficulty of vignettes, difficulty of clinical skills

PART II

- Given only in Rochester, MN
- As of 2005, must pass Part I to take Part II initially
- As of 2008, one no longer has to finish 48 weeks of full-time PM&R work
- Three 40-min oral exams; three examiners; two breaks
PART II: VIGNETTES
Test Areas/Clinical Skills

Independently rated:

• Patient Care:
  1) Data acquisition
  2) Problem solving
  3) Patient evaluation & management

• 4) Systems-based practice: knowledge of practice and delivery systems,
• 5) Interpersonal and communication skills: professionalism; potentially role-playing

PART II SCORE

• Composite, scaled scores 1-10 (mean in 2005 was 5.96)
• Pass/Fail determined by performance in five domains, not on content knowledge of specific clinical disorders.

PART II: THE EXAM

• Brief, written description of case
• Examiner guides you through 5 skills by asking general questions, adding further details
• Responses should be efficient, focused, but demonstrate your thinking process

VIGNETTES

- Examiner presents brief case description
- Further details provided as relevant or elicited
- Opportunity to demonstrate clinical skills, integration, apply professional knowledge, interactive skills, standards
  - Part II Certification Examination Information for Candidates, 2009 Exam (abpnr.org)
- Learn to think out loud, be able to discuss your rationale for management, thinking process
- Acquiring, not losing, points
PART II: SKILL AREAS

- **Data Acquisition**
  - History, examination, functional evaluation
  - Goal: *elicit appropriate information to accurately generate differential diagnosis and management*

- **Problem Solving**
  - Integrate medical knowledge, data
  - Prioritize rehab goals and medical issues
  - Differential diagnosis, leading diagnosis
    - Explain why R/O or R/I.
    - Expound upon why
    - What diagnostic information you need
    - Use of Evidence Based Medicine (EBM)
  - Goal: *Organized approach to data collection; propose reasonable leading diagnosis*

- **Patient management**
  - Medical management
  - Prioritize medical vs. rehabilitation goals
  - Rx: exercises, modalities, DME
  - Diagnostic/therapeutic injections
  - Use of EBM
  - Comprehensive, therapeutic care plan, F/U
  - Health promotion, disease prevention
  - Goal: *Efficiently develop informed, appropriate treatment plan at right time.*

- **Systems-Based Practice**
  - Practice and delivery systems
  - Integrating management into larger system of care
  - Outcomes
  - Risks/benefits
  - Limitations
  - Costs of resources, resource utilization
  - Patient advocacy
  - Consultation of other services
  - Team management
  - Quality of care

- **Goal:** *Make appropriate decisions regarding resource utilization, requesting consultations; considered risks, patient safety, care quality; advocates appropriately for patient needs*
PART II: SKILL AREAS

- Interpersonal and Communication Skills
  - Patients, families, other providers
  - Compassion, listening skills, sensitivity
  - Key: get feedback about your communication style; use patient-centered language
  - Goal: Respond with sensitivity, sound ethics, professionalism; be able to provide appropriate explanation to patient/family; provide opinion to consultants, effectively communicate with staff

PART II: Strategies

First questions usually open-ended case presentation: (want to know your thought process)

- Show that you know how to take a thorough history and physical
- Think out loud- “I am interested in this... I would do this and check such and such because...”
- Elaborate on differential diagnosis
- Need to be precise and clear when drawing conclusions

PART II

- Not a normal conversation
- Taught to behave neutrally
- Examiner takes notes
- They may cut you off
- May have observers
- Grooming, behavior, communication skills are important
- Okay to take notes

PART II

- How to deal with uncertainty. You may not know the “right answer” or there may be no “right answer.” Tell the examiner your thought process. Who would you turn to for help?
- Avoid wild guesses
PART II

- Preparation-
  - Attend a review course
  - Archives Study Guides for the last 5+ years - excellent guides and should be reviewed
  - Mock Orals
  - ABPMR website for Oral Exam Demonstration Video
  - Evaluate program strengths, weaknesses
  - Maintain breadth of knowledge

4 MOC Components

- Professional Standing
  - Must hold valid, unrestricted license to practice medicine
- Cognitive Expertise: Computer Based Testing
  - 160 questions/5-hour block
  - Fundamental knowledge, practice-related knowledge, knowledge of the practice environment (quality assurance, safety, ethics, professionalism, legal and economic issues)

4 MOC Components

- Lifelong Learning and Self-assessment:
  - 300 Category I credits/10 year MOC cycle
  - At least 50% PM&R or related areas
- Self-assessments
  - 4 now, 8 if recert on or after 2012
  - Self-Directed Physiatric Education Program Study Guide and SAE-P (AAPM&R) every March
  - AANEM EDX or Neuromuscular SAE
  - ABMS Patient Safety Foundations Module

4 MOC Components

- Practice Performance
  - Clinical Care Practice Improvement Project (PIP)
    - Select appropriate area for self-improvement within practice setting
    - Lead a team in developing a project to improve an element of practice: need outcomes demonstrated
  - AAPM&R PIP
    - Logical framework w/ forced progression
    - Following process based on EBM
    - Currently LBP, CVA, DVT, Osteoporosis
    - Minimum 5 wks to complete
  - ABMS Patient Safety Improvement Program
MOC Study Strategies

- Standard sources already mentioned
- Maintain broad knowledge base
- Review MOC Exam Outline
  - www.abpmr.org
  - subjects are weighted
- Read *Preparing for Your Computer-Based Exam*