Disclosure Statement

Dr. Weismiller has nothing to disclose.

The AAFP has selected all faculty appearing in this program. It is the policy of the AAFP that all CME planning committees, faculty, authors, editors, and staff disclose relationships with commercial entities upon nomination or invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.
Learning Objectives

1. Manage anxiety in the anticipation of an important examination.
2. Develop an individual plan of study for the certification/recertification examination in Family Medicine.
3. Demonstrate specific test-taking techniques.
4. Explain the examination process for certification/recertification in Family Medicine.
THE EXAM
American Board of Family Medicine, Inc.
1648 McGrathiana Parkway
Lexington, Kentucky 40505-4294
Phone: 859-269-5626 or 888-995-5700
Support Center: 877-233-7437
American Board of Family Medicine

Candidate Information Booklet
Maintenance of Certification
For Family Physicians (MC-FP) Examination

Examination Dates
April 14, 15, 16, 17, 18, 19, 21, 22, 23, 26, 28, and 29, 2014
(Re)Certification Examination

• ABFM
  – Exam Format
    • All multiple choice – 4 or 5 answers
      – Stem and options (A, B, C, D, E)
    • Two general portions
    • Two module choices
      – Selected on exam day during the exam
A 38-year-old female sees you for a routine evaluation. She asks you what strategies you would recommend to help her improve her overall health. She says she usually has coffee and a couple of doughnuts for breakfast, and usually eats lunch and dinner at fast food restaurants. Her only activity consists of a few household chores performed for a couple of hours on the weekend. She has gained approximately 15 kg (33 lb) over the past 10 years.

Which one of the following would be the best recommendation?

- A. Increasing her intake of saturated fat
- B. Increasing her intake of caffeine
- C. Decreasing her level of physical activity
- D. Improving her diet and exercising more
(Re)Certification Examination

• ABFM
  – Exam Format
    • All multiple choice – 4 or 5 answers
      – Stem and options (A, B, C, D, E)
    • Two general portions
    • Two module choices
      – Selected on exam day during the exam
  – Exam tutorial
    • www.theabfm.org
    • Preview of the look and feel of a computerized examination
Exam Tutorial

• Go to https://www.theabfm.org/moc/examtutorials.aspx

• Click ABFM Exam Tutorial, click Start, and the tutorial will begin.
Exam Preparation Guidance

- 6 videos from the ABFM’s psychometrician
Computerized Testing

- Testing is proctored by Prometric
Exam Modules

- Ambulatory Family Medicine
- Child and Adolescent Care
- Geriatrics
- Women’s Health
- Maternity Care
- Emergent/Urgent Care
- Hospital Medicine
- Sports Medicine
Scoring

• No penalty for incorrect answers
  • Leave no question unanswered
  • Guess if you don’t know

• Setting a passing score
  – Angoff Method – using a group of peers to estimate the percentage of family physicians who would answer each question correctly
Passing Threshold - Angoff Technique

Setting the Passing Threshold
A set of more than two dozen ABFM diplomates individually rates the difficulty of each item to set a minimum passing score, using a process called the Angoff technique. This group of volunteer physicians are randomly selected from all those recent diplomates that performed well on their last examination. Ultimately, the exam’s passing threshold is a standard set by your peers in family medicine. Because of the sampling procedure, the makeup of this group is similar to the overall group of family physician diplomates. The rating process they perform involves estimating the percentage of marginally certifiably knowledgeable candidates who would correctly answer each particular question. This committee may also comment on and critique certain questions, particularly those in which relevance to Family Medicine may be debated. The minimum passing score established by this group, its practical impact on passing percentage, and the procedures for its establishment are later reviewed and approved by the ABFM examination committee.
# Pass Rates

*(Combined Spring/Fall)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Recerts</th>
<th>Certs</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>85%</td>
<td>86%</td>
<td>380</td>
</tr>
<tr>
<td>2005</td>
<td>94%</td>
<td>93%</td>
<td>330/380</td>
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<tr>
<td>2006</td>
<td>94%</td>
<td>95%</td>
<td>300</td>
</tr>
<tr>
<td>2007</td>
<td>82%</td>
<td>77%</td>
<td>390</td>
</tr>
<tr>
<td>2008</td>
<td>83%</td>
<td>80%</td>
<td>390</td>
</tr>
<tr>
<td>2009</td>
<td>81%</td>
<td>84%</td>
<td>390</td>
</tr>
<tr>
<td>2010</td>
<td>67%</td>
<td>82%</td>
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<td>2011</td>
<td>66%</td>
<td>81%</td>
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<tr>
<td>2012</td>
<td>74%</td>
<td>83%</td>
<td>390</td>
</tr>
<tr>
<td>2013*</td>
<td>86%</td>
<td>86%</td>
<td>390</td>
</tr>
</tbody>
</table>
Manage Your Stress
Preparing Yourself Prior to the Examination
## Summary

### Steps to Creating an Effective Study Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Know what material is going to be on the exam in what proportions</td>
</tr>
</tbody>
</table>
| 2    | Identify your level of need for study  
  - How did you perform on last standardized ABFM exam  
  - Do you practice broad-based family medicine |
| 3    | Identify how many hours you will need, would like, or will be able to study (Consider a minimum 3-month lead time – if seeking serious score improvement [> 100 points, or if you are retaking the examination]) |
| 4    | Evaluate how the designated amount of study will fit into your weekly schedule                                                      |
| 5    | Identify and obtain the materials you plan to use                                                                                   |
| 6    | Focus on relevant material with which you are last comfortable and familiar                                                         |
| 7    | Divide up the material into your schedule as specifically as is reasonable                                                       |

*Adapted from The ABFM.org*
Evidence Gathered to Date

• Nearly any high-quality, comprehensive study material can be used effectively
• Key ingredient in exam success is scheduling regular time to study
• Performing well on an examination
  – General study strategies
  – Test-taking strategies
Long-Term Strategies for Score Improvement

• Broad population of practice
  – Studying is most likely to be effective (memorable) if you keep specific clinical practice cases in mind while studying material that applies to those cases
  – Referring back to an article after seeing a complex patient aids retention

• Narrowly defined population of practice
  – Systematic approach to reviewing the spectrum
  – Medical knowledge fades without periodic re-exposure
  – Include those areas not included in practice any longer, as well as common entities seen every day
Short-Term Study Tips

• The best study information will be at the level of specificity found in textbook or journal readings
• Gaining points involves studying medical information – and there is a strong dose-response relationship
• Use the in-training exams as a pre- and post-test

www.aafp.org/boardreview/questions
https://www.theabfm.org/residency/ite.aspx
“Your” Study Materials

- Board Review Express syllabus
- USPSTF A-Z
  - http://www.uspreventiveservicestaskforce.org/uspstopics.htm
- ABFM Self-Assessment Modules
- AFP by Topic
  - http://www.aafp.org/afp/topicModules/viewAll.htm
Pre- and Post-Test

- Mark your starting point prior to studying and then to see if your study schedule is effective
- Try to take it according to the standardized timing and instructions
- Changes are likely to be noticeable within 1 month of regular studying, unless your initial performance was well above average
- Promotes focus on study
  - Allows one to actually SEE improvement
Sources of Questions

• AAFP website
  – Review questions

• ABFM website
  – In-training exams
  – Prometrics practice
Creating an Effective Study Plan

- Know what material is going to be on the exam
  - [https://www.theabfm.org/moc/examcontents.aspx](https://www.theabfm.org/moc/examcontents.aspx)
  - Identify your level/need for study
  - Narrow-based practice
  - Scored at < 50th percentile on previous exam
# ABFM (Re)Certification Examination Content

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Cardiovascular</td>
<td>9%</td>
</tr>
<tr>
<td>Endocrine</td>
<td>6%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>5%</td>
</tr>
<tr>
<td>Heme/Immune</td>
<td>2%</td>
</tr>
<tr>
<td>Integumentary</td>
<td>5%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>9%</td>
</tr>
<tr>
<td>Nephrologic</td>
<td>2%</td>
</tr>
<tr>
<td>Neurologic</td>
<td>2%</td>
</tr>
<tr>
<td>Nonspecific</td>
<td>7%</td>
</tr>
<tr>
<td>Psychogenic</td>
<td>5%</td>
</tr>
<tr>
<td>Reprod—Female</td>
<td>3%</td>
</tr>
<tr>
<td>Reprod – Male</td>
<td>1%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>10%</td>
</tr>
<tr>
<td>Special Sensory</td>
<td>2%</td>
</tr>
<tr>
<td>Population-based Care</td>
<td>3%</td>
</tr>
<tr>
<td>Epidemiology, EBM, prevention, health policy &amp; legal issues, bioterror, quality improvement, geographic/urban/rural issues</td>
<td></td>
</tr>
<tr>
<td>Patient-based Systems</td>
<td>3%</td>
</tr>
<tr>
<td>Clinical decision-making, communication and doctor-patient interaction, family &amp; cultural issues, ethics, palliative care, end-of-life care</td>
<td></td>
</tr>
<tr>
<td>Module 1*</td>
<td>13%</td>
</tr>
<tr>
<td>Module 2*</td>
<td>13%</td>
</tr>
</tbody>
</table>
Creating an Effective Study Plan

• Identify how many hours you will need, would like, or would be able to study
  – If you are seeking serious score improvement (> 100 points, or if you are retaking the exam), then up to 10-14 hours per week, for 3 or more months may be needed

• Evaluate how the designated amount of study will fit into your weekly schedule
Creating an Effective Study Plan

• Identify and obtain the materials you plan to use; consider free resources
  – Already a participant in Maintenance of Certification for Family Physicians (MC-FP), Cochrane Library of evidence-based medicine is available through ABFM
    • Self-Assessment Modules (MOC – Part II)
  – University or major hospital affiliation, check whether the library will allow staff online access to electronic journals
  – Some material and journals are available for free online, eg, American Family Physician (http://www.aafp.org/afp.xml), and Journal of Family Practice (http://www.jfponline.com/)
    • AFP by Topic
  – Access to a medical library, then the need to spend money is cut further still. You are also likely to have useful textbooks and journals at your disposal already
Creating an Effective Study Plan

• Focus on the relevant material with which you are least comfortable and familiar
  – Focus on established medicine
  – 9-month development cycle for the examinations, so brand new information, no matter how reliable, is unlikely to appear as an item
Divide Up the Study Material into Your Schedule, as Specifically as Is Reasonable

• Lectures/Number of days until exam = number of lectures reviewed each day
  – Schedule regular time to study
  – Start with those content areas that you find more challenging
  – Serious score improvement needs 10-14 hours of study time per week (100 points)
  – Keep a “fact sheet” for last-minute review
  – Doing a lot of review questions is secondary (30 points)
    • www.aafp.org/boardreview/questions
    • https://www.theabfm.org/residency/ite.aspx
Divide Up the Study Material into Your Schedule, as Specifically as Is Reasonable

- If you plan to study the last 5 years of 2 top family medicine publications = 120 journals, and you have 3 months to study, then that is roughly 10 journals per week

- Thus, summarizing the key findings in 2 journals per day is the pace that would be required
  - Unlikely that every article will be worth reading — remember focus on the relevant material with which you are least comfortable and familiar
Proceed with Studying, Taking Weekly Inventory of Progress

• Reevaluate at end of first week. If schedule is not as accommodating as you anticipated, consider changes to your schedule OR the ambitiousness of your study plan
• Consider using In-Training Exam items before beginning and after a month to see if performance seems to be improving
How can we improve our response strategy in translating our knowledge into the exam’s response format...

Test-Taking Strategies
ABFM Tips for Test-Taking

• Read the stem carefully
• Read every response option (cross out the wrong ones)
• Consider the tables and images carefully
• Answer only after considering all options
• If you do not know – guess!
• Go with the first thoughtful answer, unless you realize that you actually made a mistake
ABFM Tips for Test-Taking

• Attempt to determine whether general knowledge or patient-specific knowledge is being assessed
• DO NOT try to out-guess the item number
• Don’t read the answers first and try to find it in the questions. Knowledge is TOO vast
• Carefully manage exam time
• ALWAYS answer all items before exiting exam
TIP

- Both questions and answers have catch words; look carefully for them
  - “except”
  - “least likely”
  - “most likely”
  - “all but”
  - “never”
  - “always”
  - “all”
Six-year-old Hillary DeLong is brought to the emergency room by her mother. Half an hour ago she was bitten on her right arm by a neighbor’s dog. The recommended first step in emergency treatment is to:

A. Thoroughly cleanse the area with soap and water
B. Report the accident to the police
C. Encourage free bleeding
D. Cauterize the wound and suture it
TIP

• Avoid unfamiliar choices
• These are made up by good test writers
“Unfamiliar Choices”

A pregnant woman at term with a 4-cm dilated cervix is found to have marginal placenta previa with mild bleeding. The appropriate management is:

A. Cesarean section
B. Rupture of the membrane
C. Internal podalic version
D. Use of Willett’s scalp traction forceps
TIP

- Analyze similar answers carefully
- If one merely restates the other, both are wrong
- If one is the opposite of the other, one is correct
- If answers look similar, but have different numbers, one is correct
The most appropriate treatment for erythrocytosis associated with polycythemia vera and a hemoglobin of 18.5 g/dL is:

A. Chlorambucil
B. Phlebotomy to maintain hemoglobin at 14 g/dL in men and 12 g/dL in women
C. Phlebotomy to maintain hemoglobin at 16 g/dL in men and 14 g/dL in women
D. Radioactive phosphorus (³²P)

“If answers look similar, but have different numbers, one is correct”
“Similar Answers”

A 55-year-old woman has had pain and swelling of her left calf for 4 days while driving across the country. Physical examination shows slight swelling and tenderness of the left calf, but no other signs of deep venous thrombosis. She reports anaphylaxis after a previous injection of dye for intravenous pyelography. To promptly confirm the suspected deep venous thrombosis of the calf vein, you would now order:

A. Impedance plethysmography
B. Doppler ultrasound
C. Radionuclide venography using 99m Tc macroaggregated albumin
D. Radionuclide venography using 99m Tc-labeled erythrocytes

“If one merely restates the other, both are wrong.”
TIP

• For answers with numbers or percentages
  – Pick mid-range levels
  – Pick values that look like the others
Implantation of the fertilized ovum usually occurs:
A. 2 to 3 days following ovulation
B. 6 to 7 days following ovulation
C. 10 to 12 days following ovulation
D. Exactly 14 days following ovulation
At the end of 28 weeks of gestation (7 lunar months), the fetus weighs (in grams):

A. 15
B. 600
C. 1000
D. 1800
TIP

• Choose answers that are consistent with good family medicine values.
Three times in the past month, a 32-year-old woman has arrived unexpectedly for consultation after hours at her family physician’s office. She has also complained about the arrogance of the receptionist. The next time she arrives to see the doctor when he is working alone in the evening, he should:

A. Tell her family that there is nothing wrong with her and that she should see a psychiatrist
B. Point out that she needs careful, thorough evaluation and give her the next available appointment during scheduled office hours
C. Ask her to call the office the next morning
D. Drive her out of the office
In your urban family practice office, you encounter a Haitian patient with features of potential “AIDS.” Your best decision is to:

A. Immediately refer the patient to an AIDS clinic
B. Send the patient to a hospital emergency room
C. Provide concerned comprehensive and continuous care for the patient and the family
D. Politely ask the patient to see the other family physician located on the next street
The Last Week Before the Exam

- Study Notes/Charts/“Fact Sheet”
- Plan to stop studying 48 hours before the exam.
- Drive to the testing site before exam day.
- Plan exam day.
Plan Your Exam Day

• Food
  – Can put in locker for break

• Clothing
  – Comfort
  – Look good, feel good, score good
  – “Lucky clothing”

• Identification – 2 photo IDs, 1 government-issued
The Exam Begins

- Deep breaths; periodically pause and breathe
- Keep a positive attitude
- Read questions carefully
In the End...

- Be Confident
- Keep Calm
- Plan to Study
Summary

- Any high-quality, comprehensive study material can be used effectively
- Key ingredient in exam success is scheduling regular time to study
- Gaining points on the exam involves studying medical information, and there is a strong dose-response relationship
- Use the In-Training Exams as a pre- and post-test
- Do not try to out-guess the item writers. Rely simply on your knowledge to respond to the selections
References