

Addressing a Program's Poor Board Pass Rate

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OBJECTIVES

- Discuss the rationale for encouraging residents to take and pass the ABFM board exam.
- Explore the importance of successful resident selection on program board pass rates.
- Explore the scope and depth of history taking necessary in making a diagnosis of a resident in difficulty, including learning styles and other issues.
- List best practices for both resident remediation and for general board score improvement.

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Over the Sahara Desert

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UMass Worcester FM Residency Program

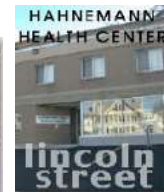


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OUR STORY



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American Board Of Family Medicine Residency Program Certification Performance Summary

1202421160 - University of Massachusetts Program

February 10, 2010
Worcester, Massachusetts

1 Year	2 Number Total New Grads	3 Number Exams New Grads	4 Number Passed New Grads	5 Number Exams Prior Grads	6 Number Passed Prior Grads	7 Number Exams 1st Time Takers	8 Number Passed 1st Time Takers	9 Number Exams Retakers (Prior Fail)	10 Number Passed Retakers (Prior Fail)	11 Program Average 1st Time Takers	12 National Average 1st Time Takers	13 % Pass National 1st Time Takers	14 Score at 25th %tile
2009	13	7	7	8	7	11	11	4	3	524	483	90	420
2008	11	6	5	9	6	11	7	6	4	409	472	65	410
2007	10	8	5	5	1	10	6	3	0	393	461	82	400
2006	16	14	14	4	3	17	16	3	1	427	458	97	390
2005	14	14	13	6	4	17	16	3	1	460	508	96	450

Column 1 is the indexed year.

Column 2 is total number of program graduates in the indexed year.

Column 3 is the number of exams taken by this year's graduating class. It may be higher than Col 2 if grads take the exam more than once in their grad year.

Column 4 is a subset of column 3, including only those who passed.

Column 5 and 6 include only examinees who graduated in a prior year and are taking the examination in the indexed year.

Column 6 is a subset of column 5, including only those who passed.

Column 7 and 8 include all those taking the exam this year, who have not previously taken the certification exam. (whether prior grads or new grads)

Column 8 is a subset of column 7, including only those prior grads taking the certification exam who passed.

Column 9 is a count of those who took a prior exam and who are retaking the exam in the indexed year.

Column 10 is a subset of column 9, including only retakers who passed.

Column 11 consists of all first time examinees from your program taking the exam in the year indicated. N/A in this column indicates that an average cannot be provided.

Column 12 is the national average of all of all first time examinees in this year.

Column 13 is the national percent passing of all first time examinees in this year.

Column 14 is the national score that separates the bottom 25% of this year's graduates who took the exam from the top 75% (first takers only).

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Reasons to take (and pass) the Boards

For the graduate:

- Seal of approval
- Contributes to life-long learning (MOC).
- May help build a practice where patients check your certification on the or ABFM website.

For the Program:

- Improve the residency program curriculum (address).
- High board pass accreditation averaged over 5 (s).

For the Patient:
Better clinical outcomes

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Barrier reduction strategy at WFMR

- **Don't have the money**, our department shifted additional education dollars to the PGY3 year.
- **Don't have the time**, we started focused work with residents in 2010.
 - Board review course added to core curriculum
 - Individualized referrals to our University Center for Academic Achievement – Using the Bayesian Score Predictor

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American Board Of Family Medicine

Residency Program Examination Performance Summary by Graduation Year

University of Massachusetts Program
Worcester, Massachusetts

1202421160

2/14/2017

Graduation Year	Number of Residents Who Completed Training	Exams for First Time Takers						
		Taken	Passed	Failed	Take %	Pass %	Program Average	National Average
2012	12	12	12	0	100.00%	100.00%	494	483
2013	12	12	12	0	100.00%	100.00%	474	485
2014	12	12	12	0	100.00%	100.00%	508	506
2015	11	11	11	0	100.00%	100.00%	509	504
2016	13	13	11	2	100.00%	84.62%	492	529
2012-2016	60	60	58	2	100.00%	96.67%	495	502

Graduation Year - The indexed year.

Number of Residents Who Completed Training - The total number of Family Medicine residents with a training end date during the graduation year.

Taken - The total number of First Time Taker exams taken by the residents who graduated during the graduation year.

Passed - The total number of First Time Taker exams passed by the residents who graduated during the graduation year.

Failed - The total number of First Time Taker exams failed by the residents who graduated during the graduation year.

Take % - The percentage of exams taken divided by the number of residents who completed training in the graduation year.

Pass % - The percentage of exams passed divided by the number of residents who completed training in the graduation year and took the exam.

Program Average - The program average scaled score for all first time examinees who completed training in the graduation year. N/C if less than 3 residents took exam.

National Average - The nationwide average scaled score for all first time examinees who completed training in the graduation year.

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Kaiser Permanente Orange County - California



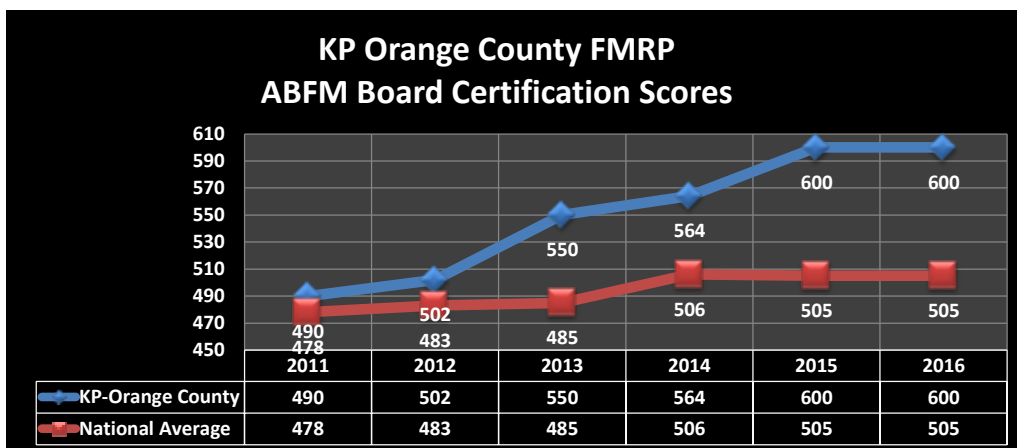
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Kaiser Permanente Orange County - California

- First class – 1994
- 8-8-8 Program
- 20 Graduating Classes
- 100 Graduates
- 100% Board Pass Rate

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ABFM Board Certification Scores



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Case Example

- PGY 1 resident
- US Medical School
- Inpatient Medicine
 - Poor presentations
 - Poor knowledge base
 - Hard worker
 - Well liked by others
- Inpatient Pediatrics
 - As above
- Clinic
 - Slow
 - Superficial and disorganized presentations
 - High patient satisfaction scores
- In-training Exam
 - <20% for PGY 1 year nationally

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Resident Remediation

- Subjective
- Objective
- Assessment
- Plan
- ?Myers-Briggs
- Extend residency time if not ready to graduate and pass the boards

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Essential Needed Resident Skills

- Organizational/preparation skills
- Time efficiency
- Proactivity vs Passivity (Sense of urgency, prioritizing tasks)
- Study skills
- -Concentration/Memory→Reading/comprehension→Note-taking→Organized access to information
- -Learning Preferences-Auditory/Visual/Kinesthetic
- Thinking skills
- -Memorize→Algorithm→Integrated/Conceptual→Creative thinking→Metacognitive skills

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Learning Domains

<u>Cognitive:</u> <ul style="list-style-type: none"> ▪ Knowledge base ▪ Problem Solving Skills ▪ Language (written, verbal) ▪ Visual ▪ Memory 	<u>Structural:</u> <ul style="list-style-type: none"> ▪ Self-reflection ▪ Organization ▪ Time Management ▪ Attention/motivation ▪ Study skills and strategies ▪ Test taking S's and S's
<u>Affective:</u> <ul style="list-style-type: none"> ▪ Depression, anxiety, OCD, substance abuse, "burnout" ▪ Adjusting to environment ▪ Career ambivalence ▪ Other medical issues ▪ Social issues: family, support ▪ Life events, other distractions 	<u>Interpersonal:</u> <ul style="list-style-type: none"> ▪ Social skills ▪ Communication skills ▪ Shy/non-assertive ▪ Mismatch between environment, teachers and learners

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Essential Needed Resident Skills

- Motivation
 - Critical curiosity, practice improvement, excellence, life-long learning, adaptability
- Interpersonal skills (effective positive communication)
 - Empathy/listening, teamwork, conflict resolution, feedback skills, earn respect/trust, integrity, compassion, advocacy, effective limit-setting
- Professionalism skills (positive attitude/behavior/appearance)
 - Sense of responsibility, ethics, self-awareness, self-regulation, aware of self-limitations, self-care and improvement, self-confidence, reflection, ability to seek help, personal satisfaction, receiving feedback
- Performance skills
 - Stress/anxiety management, test-taking skills

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Differential Diagnosis

- Cognitive: knowledge deficit, dispersed knowledge
- Psychomotor: technical skills
- Affective: adjustment, attitudinal
- Interactional: oral communication, listening, social
- Professionalism: appearance, behavior
- Performance: structural, test-taking, anxiety
- Impairment: mental illness, substance abuse, disability (physical, learning)

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Management Strategies

- Knowledge

- Dispersed knowledge
- Dispersed knowledge
 - Learn from patient care issues
 - Mini-SOAP
 - Algorithm development
 - Compare/contrast

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Reduced Knowledge

Reduced Knowledge

Memory Difficulties
Learning Difficulties
Study Skills

Skills Development
- Knowledge

- Memory exercises/repetition, extra study time
- Reading strategies
- Writing strategies
- Study skills-note-taking
- Test-taking skills training
- Pre-assigned reading
- Taped lectures
- Repeat rotations



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Management Strategies- Interactional



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Management Strategies-Performance

- Structural
 - Slow worker
 - Inefficient worker
 - Organizational
 - Poor habits
 - Overwork
- Test-taking
- Performance anxiety

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Performance Strategies

- Structural Skills
 - Time management
 - Efficiency skills
 - Organizational skills
- Work habits
 - EHR
 - Work schedule

CDC Prescribing Guidelines (2016)- Published JAMA – March 15, 2016

Performance Strategies

- Test-taking
 - Knowledge
 - Reading/comprehension
 - Test-taking skills
 - Anxiety
- Counseling/therapy

CDC Prescribing Guidelines (2016)- Published JAMA – March 15, 2016

Management Strategies-Professionalism

- Appearance/behavior
- Ethical issues
- Legal
- Work/life balance
- Professional skills

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Professionalism Strategies

- Clear expectations
- Rules/regulations and policies
- Compliance/ethics training
- Coping strategies

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Professionalism Strategies

- Practice improvement
 - Reflection skills
 - Life-long learning
- Personal improvement
 - EQ skills
 - Self-care
 - Role-model

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Management Strategies – Adjustment and Attitude

- **Adjustment**
 - Illness
 - Death
 - Marital
 - Financial
 - Work-life balance
- **Attitudinal**
 - Irresponsible
 - Avoiding
 - Affronting
 - Inappropriate
 - Patient-related

Adjustment and Attitude

- Supportive care/services
 - Bereavement
 - Medical illness
 - Marital counseling
 - Financial services
 - Stress management
 - Coping strategies

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Adjustment and Attitude

- Psychotherapy
 - Assertiveness training
 - Anger management
- Behavioral modification
 - Role-modeling
 - Videotaping
 - Actor simulations

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Mama's Fish House, Maui

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Some Best Practices

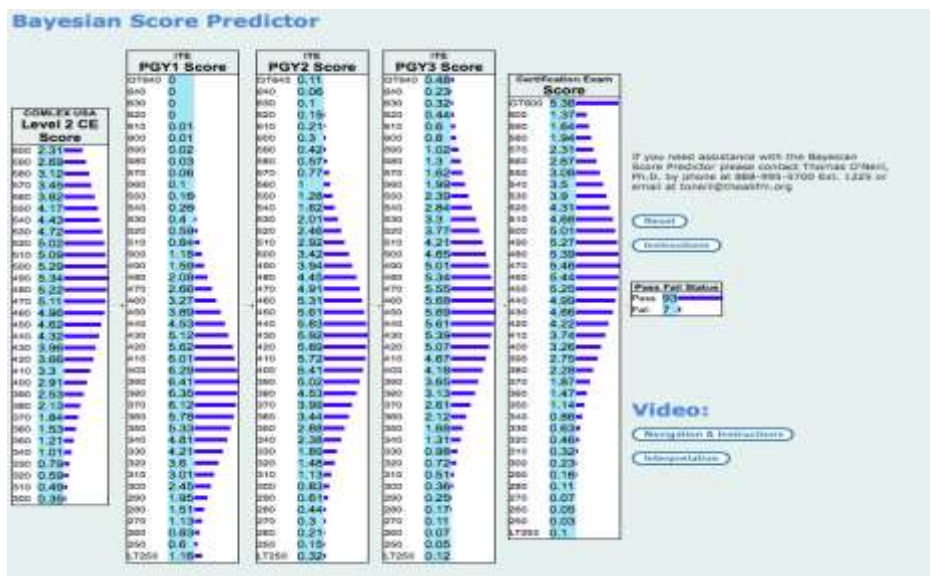
- Have the residents take SAM's (60% more likely to pass, 18 more points to composite score, from ABFM presentation at 2013 RPS workshop)
- Have the residents do the monthly AFP monthly CME quiz (more practice the better)
- Monthly practice sessions led by faculty
- Start remediation early-after the first in-training exam.

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Best Practices

- Utilize ABFM ITE scores to identify those needing a more intense individual educational program
- Examine ITE specialty scores to identify areas of weakness
- Use of prior ITE exams to use for study and practice

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Best Practices

- AAFP Board Review Courses – DVD's, on-line
- Family Medicine board review texts (multiple available)
- Case-based study scenarios – meeting weekly with an attending

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Test Taking Strategies

- Read the question before you look at the answer.
- Come up with the answer in your head before looking at the possible answers, this way the choices given on the test won't throw you off or trick you.
- Eliminate answers you know aren't right.
- Read all the choices before choosing your answer.
- If there is no guessing penalty, always take an educated guess and select an answer.
- Don't keep on changing your answer, usually your first choice is the right one, unless you misread the question.

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Test Taking Strategies

- In "All of the above" and "None of the above" choices, if you are certain one of the statements is true don't choose "None of the above" or one of the statements are false don't choose "All of the above".
- In a question with an "All of the above" choice, if you see that at least two correct statements, then "All of the above" is probably the answer.
- A positive choice is more likely to be true than a negative one.
- Usually the correct answer is the choice with the most information.

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Summary

- Earn respect
- Diagnose correctly through thorough history-taking
- Get “buy-in” from resident to ensure understanding of difficulties
- Build resident “tool box” for effective skill development
- Provide guidance in safe learning environment
- Positive re-enforcement

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The End

- Questions or comments ???

- Contact information

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