Addressing a Program’s Poor Board Pass Rate

Tim Munzing, MD
Program Director, Kaiser Permanente Orange County

Stacy Potts, MD
Program Director, UMass Worcester Family Medicine Residency

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.
UMass Worcester FM Residency Program

We will attract, foster, and graduate learners who will be leaders of tomorrow, sustaining our passion through their excellence in state of the art, full breadth family medicine.

Founded 1973
12-12-12
University Based, Diverse Communities
OUR STORY

AMERICAN ACADEMY OF FAMILY PHYSICIANS

American Board Of Family Medicine
Residency Program Certification Performance Summary
February 10, 2010
Worcester, Massachusetts

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Enrollees</th>
<th>Number Passed</th>
<th>Number Failed</th>
<th>Number of Times Taken</th>
<th>Average Score</th>
<th>National Average</th>
<th>% Pass</th>
<th>Score at 30th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>13</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>11</td>
<td>415</td>
<td>3</td>
<td>289</td>
</tr>
<tr>
<td>2008</td>
<td>11</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>472</td>
<td>45</td>
<td>410</td>
</tr>
<tr>
<td>2007</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>493</td>
<td>40</td>
<td>430</td>
</tr>
<tr>
<td>2006</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>4</td>
<td>14</td>
<td>427</td>
<td>37</td>
<td>330</td>
</tr>
<tr>
<td>2005</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>4</td>
<td>14</td>
<td>490</td>
<td>39</td>
<td>400</td>
</tr>
</tbody>
</table>

Columns 1 is the index year.
Column 2 is the number of program graduates in the examined year.
Column 3 is the number of residents who failed the examination in their year of graduation. It may be higher than Cols 2 & 3 if residents take the exam in their fourth year.
Column 4 is a subset of column 3, including only those who passed.
Column 5 is the number of residents whose Who graduated in a prior year and are taking the examination in the index year.
Column 6 is a subset of column 5, including only those who passed.
Column 7 is the number of those taking the exam this year who have previously taken the certification exam (whether prior year or not) and have taken the exam in the index year.
Column 8 is a subset of those who took a prior exam and who are taking the exam in the index year.
Column 9 is a subset of column 8, including only residents who passed.
Column 11 is a subset of column 7, including only residents who passed.
Column 12 is the national average of all of the residents taking the exam in the year indicated. This column indicates that an average cannot be provided.
Column 13 is the national percent passing at all of the residents taking the exam in the year.
Column 14 is the national score that separates the bottom 30% of the year's residents who took the exam from the top 70% (first tabulation only).

AMERICAN ACADEMY OF FAMILY PHYSICIANS

3
Reasons to take (and pass) the Boards

For the graduate:
- Seal of approval
- Contributes to lifelong learning (MOC)
- May help build a practice, if patients check your board certification on the ABMS or ABFM website.

For the Program:
- Helps improve the residency program (discover curricular weaknesses to address)
- Need a high board pass rate for accreditation (>90% averaged over 5 years).

For the Patient:
- Better clinical outcomes

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
### American Board Of Family Medicine
Residency Program Examination Performance Summary by Graduation Year

**University of Massachusetts Program**
Worcester, Massachusetts

#### 2012-2015

<table>
<thead>
<tr>
<th>Graduation Year</th>
<th>Number of Residents Who Completed Training</th>
<th>Score for First Time Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taken</td>
<td>Passed</td>
</tr>
<tr>
<td>2012</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2013</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>2014</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>2016</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

#### 2012-2015

<table>
<thead>
<tr>
<th>Graduation Year</th>
<th>Number of Residents Who Completed Training</th>
<th>Score for First Time Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taken</td>
<td>Passed</td>
</tr>
<tr>
<td>2012</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2013</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>2014</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>2016</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

**Graduation Year** - The index year.
**Number of Residents Who Completed Training** - The total number of Family Medicine residents with a starting and ending date during the graduation year.
**Takes** - 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.
**Program Average** - The program average scaled score for all first time residents who completed training in the graduation year.
**National Average** - The nationwide average scaled score for all first time residents who completed training in the graduation year.
Kaiser Permanente
Orange County - California

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

ABFM Board Certification Scores
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
Resident Remediation

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

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)
Management Strategies - Knowledge

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

Reduced Knowledge

Memory Difficulties
Learning Difficulties
Study Skills

- 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
Management Strategies - Interactional

- Family cultural skills
- Listening skills
- Simulations
- Feedback
- Interviewing skills
- Teamwork skills
Management Strategies-Performance

• Structural
  – Slow worker
  – Inefficient worker
  – Organizational
  – Poor habits
  – Overwork

• Test-taking
• Performance anxiety
Performance Strategies

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

Performance Strategies

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

Management Strategies - Professionalism

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

### Professionalism Strategies

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

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

Adjustment and Attitude

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

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.
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

The End

• Questions or comments ???
• Contact information
  - Tim Munzing, M.D.
  - Kaiser Permanente
  - 1900 E. 4th Street
  - Santa Ana, CA 92705
  - PHONE: 714-967-4766
  - email: Tim.A.Munzing@kp.org
  - Stacy Potts, MD, MEd
  - UMass Worcester FMR
  - 119 Belmont Street
  - Worcester, MA 01605
  - 508-334-6111
  - stacy.potts@umassmemorial.org
Please complete the session evaluation.

Thank you.