MESSAGE FROM PRESIDENT

I would like to highlight a few of the significant events that occurred this year. Our new website (www.ABPMed.org) was launched this past fall. The new site is easier to navigate and can be accessed from any mobile device. Over 500 ABPM Diplomates re-credentialed this year and I hope you will all join me in extending congratulations to each of them. Finally, Dr. William Chagares has joined the Board of Directors.

I would also like to take a moment to reflect on the importance of our assessment program, the value of remaining current, and the ethical commitment each of us demonstrates to our profession and the public by participating in the resulting comprehensive certification and re-credentialing process. In this vein, I hope you will find the articles in this issue of the Newsletter by Drs. David George, Steven Goldman, and Edwin Wolf informative.

The Board of Directors and staff has had the pleasure of meeting or re-acquainting themselves with many of you at the receptions held at major conferences throughout the year, most recently the Residency Summit East and the APMA National. We have enjoyed the honor of your company and hope to see more of you at future events.

Last and perhaps most importantly, on behalf of the Board of Directors, I want to thank each of you for your support and for placing your patients’ well-being at the core of your practice. On behalf of the ABPM directors and staff, I wish you a safe and enjoyable New Year.
UPDATES FROM HQ

We have to be current with today’s media trends to ensure that residents and practicing professionals know about the benefits and requirements of ABPM certification and requirements. As part of our professional rebranding effort, we updated our website to state-of-the-art information content and ease of use. In the future we will move from downloadable forms to online form completion and submission wherever appropriate. Members will increasingly enjoy improved online information about exams, conferences, and news relevant to our activities. Concomitant with this process, we are rolling out new Facebook (ABPMed), LinkedIn Group and Twitter (ABPMed) sites, some of which are already in place. Please feel free to follow us, share our links, and join in the discussions on the social media you prefer.
SPEAKER’S BUREAU

Our Speaker’s Bureau continues to be an important means for us to provide residents and podiatric medical students the opportunity to hear our Diplomates speaking on topics in which this Board certifies as well as their importance in achieving success in practice. This year, through the Speaker’s Bureau, the Board has reached out to residents in southern Michigan, the greater metropolitan New York City area, the San Francisco Bay area, and the greater Chicago area. Students from the New York College of Podiatric Medicine, the Scholl College of Podiatric Medicine at Rosalind Franklin University, the Arizona School of Podiatric Medicine of Midwestern University, and the California School of Podiatric Medicine of Samuel Merritt University have attended these presentations.

ABPM BOARD WELCOMES DR. WILLIAM CHAGARES

“As an ABPM Diplomate for over 22 years, I am honored to become part of this organization’s Board of Directors and thus in some small measure give back to it for the tremendous value I have received as a member…. Having myself been through the ABPM’s certification process as both a candidate and an examiner, I am resolute in the importance of this certifying board to our profession,” said Dr. Chagas, speaking on his appointment.

Dr. Chagas has previously served as a the Board’s liaison to the Collaborative Residency Evaluator Committee (CREC), a member of the Qualification Exam committee, an oral examiner for the Board’s certification process, and a reviewer for the Board’s case defense process. He also served two terms as an ABPM liaison to the Council on Podiatric Medical Education’s Residency Review Committee (RRC) and three consecutive terms as a Regional Representative to the Council of Teaching Hospitals (COTH).

Dr. Chagas is currently Chief of Podiatry and on-site coordinator for the residency program at the James A. Lovell Federal Health Care Center (FHCC) in North Chicago, IL. He is active in clinical research, is a member of the Research and Development Committee, and is the Facility Research Integrity Officer at the FHCC. He is also Co-Chair of the Medical Records Committee. In addition, Dr. Chagas has served as a Federal Services Delegate to the annual APMA House of Delegates in Washington, D.C., as Vice President of FSPMA, and has recently been appointed chair of the Ad Hoc Committee to the National Podiatry Professional Standards Review Board of the Department of Veterans Affairs.
In 2013 over 500 Diplomates in 43 states re-credentialed via the ABPM Self-Assessment Examination. Feedback received from Diplomates was quite positive regarding both the relevance of the examination content to current practice and the level of mastery it assessed.

Recently, ABPM headquarters received an inquiry about the value and need for the self-assessment process. As a Diplomate holding a Lifetime Certificate I would like to share a few thoughts on the value and benefits of self-assessment as well as the ethical requirement each of us has to engage in this process.

There is an ethical requirement for podiatric physicians to assess their knowledge relative to the current state-of-the-art in the practice of our specialty and remediate any deficits they become aware of.

The “educational performance review” allows each Diplomate to obtain capsule views of their competence in different areas so that they can fulfill the ethical requirement noted above.

The goal of the ABPM is to protect the health and welfare of the public through an ongoing process of evaluation and certification of podiatric physicians in all aspects of the specialty of Podiatric Medicine.

As part of this process, self-assessment is an educational tool that empowers Diplomates to engage in self-reflection and promote lifelong learning.

I congratulate all those who recently completed their self-assessment process. Each of you exemplifies the professionalism to which we all aspire.
THE CERTIFICATION EXAM PROCESS DEMYSTIFIED

Many prospective and existing Diplomates have asked about the revised process for the Certification Examination and how the examination is constructed. As Chairperson of the Certification Examination Committee (CEC), I would like to brief our membership on the current state of the process. The committee meets approximately three times each year. At these meetings, potential cases, often as many as twenty are reviewed as candidates to be presented in the new, computer based format. However, since not every case vignette lends itself to the new format, each prospect is vetted by the committee for content (i.e. Medicine or Orthopedics), relevance (i.e. is this esoteric trivia or pertinent to the practice of podiatry), level of difficulty (i.e. something a Diplomate would be expected to know), and feasibility (i.e. can this case be used in the computer based format). About ten of the reviewed cases are ultimately selected as possible candidate questions.

Once cases pass this initial screening, a number of them are disseminated to the committee members to begin working on the elements necessary to make them compatible with the new computer based format. Each of the committee members are typically assigned one or two such cases to focus on. Right and wrong answers are recorded and the case is worked through from beginning to end in a “story board” format, often with multiple outcomes--after all, a story can have different endings depending on how the elements of the story unfold.

At each of our meetings, each committee member presents their story board along with the right and wrong answers that he or she has developed. The committee as a whole then critiques the content, relevance, and degree of difficulty to insure that the case would work in the current format. Approximately 75% of the ten cases that survived the initial evaluation make it through this additional scrutiny (e.g., from the original pool of twenty candidate items, about seven make it to this level.)

Three to five times per year Diplomates are asked to assist in the validation phase of case-question development. During this phase Diplomates use laptop computers on which the cases are presented in a manner consistent with what certification candidates will actually experience at Prometric test centers. Each Diplomate works through the cases as if they were taking the Certification Examination. The data collected from this process is analyzed to verify that a number of parameters are met. An obvious parameter of concern is how long the cases take to complete. The item level performance statistics are evaluated to insure that the questions perform in a manner consistent with our requirements; not only from a mechanical prospective (computer errors, image quality, etc.), but from the other elements mentioned earlier (i.e. content, relevance, level of difficulty, feasibility, and reliability).

~ continued on page 07
HIGHLIGHTS FROM ABPM ANNUAL MEETING OF MEMBERS
RECEPTION AT APMA NATIONAL 2013

The American Board of Podiatric Medicine takes great pride in its Certification process and the confidence the public can have in the certificate that we award. The quality of the questions that appear in the Board’s In-training, Qualification and Certification Examinations reflect well on the effort and care taken in their development and selection. Understanding the “life cycle” of a question will give the reader insight into how questions used in the Qualification Examinations are developed and evaluated.

The In-training and Board Qualification Examinations are designed to assess clinical knowledge. The ideal question presents a brief clinical scenario featuring an issue or pathology upon which the candidates’ knowledge will be tested. This is called the stem of a question. There is frequently an associated visual such as a clinical photograph, an x-ray, or other material that provides additional information. In addition, associated material helps foster the mindset of an actual clinical situation for the candidates. Following the stem are choices. The choice that is the best response is the correct answer. The incorrect choices are called distractors.

Questions are drafted by members of the examination sub-committee which currently has ten members. The questions are first reviewed for grammar and syntax, and then

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On completion of field testing, the critical data from all of the field tests is compiled and scrutinized. At another committee meeting, this data is reviewed and questions “tweaked” when necessary so they will potentially perform better on an actual Certification Examination. The reworked questions are field tested once again and the data reviewed one last time. About 90% of the cases entering field testing pass this scrutiny and become part of the Certification Examination pool. So from the original group of twenty candidate items only five to eight are eventually judged to be of sufficiently good quality for use in actual Certification Examinations. Considerable team effort is required to make a “good” question. The process is continually reviewed to make sure it is fair and consistent. This is critically important because, while each candidate is administered eight questions, those questions may differ from candidate to candidate. Each “version” of the question, even though similar to others, may differ in outcome and/or treatment, depending on the story board used to create it and it is important that the difficulty level of items administered to different candidates remains static.

Following the “live” test administration, each question is again statistically validated and the performance of actual candidates is compared to the control group of Diplomates that participated in field testing it to insure that the question performed as expected. Creating a good examination requires care, skill, and dedication. It is a great deal of work, but only through such efforts can a Certifying Examination that meets the standards of this Board be developed.

~ continued from page 05, The Certification Exam Process Demystified
they are discussed and reviewed for clarity, currency, accuracy, lack of ambiguity, and relevance by at least five members of the committee. The committee also determines if any of the distracters are inappropriate or could possibly be misconstrued as correct answer when they are not.

After the examination committee has approved a question it becomes part of a pool that is field tested on large numbers of ABPM Diplomates. The performance of each question in field testing is reviewed psychometrically to determine its probable reliability in an actual examination. If too many Diplomates are unable to answer the question correctly, it is rejected or rewritten. If a question is found to be too simplistic, it is also reworked or rewritten. If the probability of answering an individual question correctly does not correlate with the Diplomates’ overall scores on the field test the item may be reworked or discarded completely.

After the examination committee has approved a question it becomes part of a pool that is field tested on large numbers of ABPM Diplomates.

Once a question has passed the field test it becomes part of the Qualification Examination for individuals wanting to become Board Certified by the ABPM. This examination is given annually in June at secure testing centers around the country.

After questions have been used in the Qualification Examination they may be released to be used in the In-training Examination. This ensures that the quality of items appearing on the In-training Examinations is particularly high since each has been field tested and used on a “live” examination before becoming part of the In-training pool. Once questions have been used on an In-training Examination they cannot be used by the ABPM again since they are then released to the examinees along with the correct answers so candidates will be able to determine exactly where their individual performance is strong and where further review is needed.

If you would like further information about the ABPM’s certification process please contact ABPM Headquarters or check the website at www.ABPMed.org.

~ continued from page 06, Life Cycle of a Qualification Question

www.ABPMed.org