


Guide for Exam Preparation

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Learning Objectives

1. Explain the examination process for certification/recertification in Family Medicine.
2. Develop an individual plan of study for the certification/recertification examination in Family Medicine.
3. Demonstrate specific test-taking techniques.
4. Manage anxiety in the anticipation of an important examination.

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AAFP & ABFM

www.TheABFM.org

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FMC Certification Requirements

- 100 Points**
 - Consists of a written test of knowledge and performance assessment (75% written test, 25% performance assessment)
- CME**
 - Consists of 100 CME credits (75% from AAFP, 25% from other sources)
- Professionalism**
 - Consists of 100 CME credits (75% from AAFP, 25% from other sources)
- Practice Exam**
 - Consists of 100 CME credits (75% from AAFP, 25% from other sources)
- Recertification**
 - Consists of 100 CME credits (75% from AAFP, 25% from other sources)

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Cognitive Assessment

Demonstrates that you possess the cognitive expertise that a patient should expect from any board-certified family physician, regardless of age, experience, work context, or scope of practice.

- One-Day Exam, Every 10 years**
 - 300 MCQ
 - Pooled Flexible Break Time
 - 90% Pass Rate
 - Past Performance Predicts Future Performance
- Longitudinal Exam**
 - 25 Questions Per Quarter; 300 Needed Over Four Years for Pass/Fail Decision
 - Done at Your Own Pace, Own Time, at Location of Your Choice
 - Ability to use References
 - Timed Questions – 5 mins each
 - Critique and References provided

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Keep in mind...

- This is an EXAM
- This will require systematic preparation
 - a small amount of review daily/weekly
- Anticipate what is to come
- Be aware each question is timed
- Learn from each 25-question installment of the examination

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Completion Requirements

- In order to complete FMCLA so that it satisfies one's examination requirement (MOC, Part III), answer 300 questions over a **four-year time period** AND achieve a passing score.
- Since the platform delivers 25 questions each quarter, FMCLA provides one with flexibility to complete the entire process in three years or extend to a maximum of four years.

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THE EXAM



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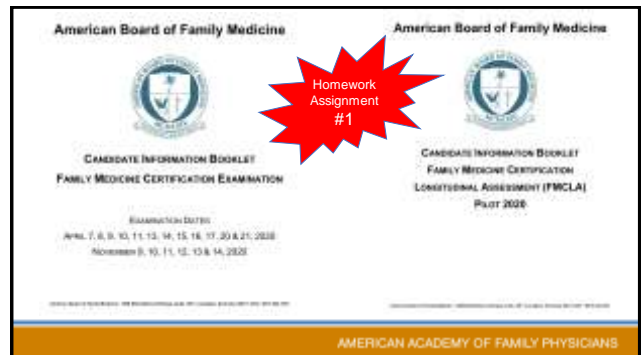
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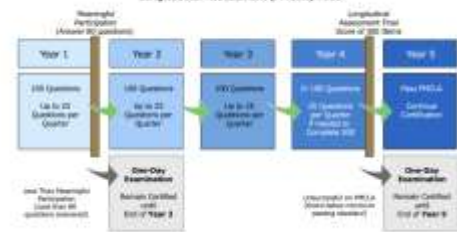
Meaningful Participation

- Choosing to participate in the longitudinal assessment pilot, it is important that you fully participate.
- Meaningfully participate by answering at least 80% of the questions in the first year and answering the pilot surveys is the only way that ABFM can generate the data and information necessary to evaluate the feasibility and validity of the assessment for the future.
 - Report to ABMS Fall 2019 and Fall 2020
- You will continue participating in the full 300-item assessment only if you meaningfully participate in year one.

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Family Medicine Certification Longitudinal Assessment (FMCLA) Pilot



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Recertification Examination - 2020

- Exam Format
 - All multiple choice questions (MCQ) – 4 OR 5 answers
 - Stem and options (A, B, C, D, +/-E)
 - Four Sections
 - **75 MCQ/section (Total exam – 300 questions)**
 - **95 minutes** allocated per section (Time per question has been increased for each item)
 - ~~ONE module choice – during section two of examination (One-day secure exam)~~
 - 40 topic-focused MCQs
 - Selected on exam day during the exam
 - Reducing the number of content-specific modules would likely benefit more examinees than it would harm (in terms of passing the examination) by a 4:1 ratio

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Understanding the Exam You Will Be Taking...

A 39-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?

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

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Scheduled Breaks in Exam

- Customizable in length
- 100 minutes of pooled break time
- Choose how much of the 100-minute allotment you use during each scheduled break that occurs between EACH exam section.

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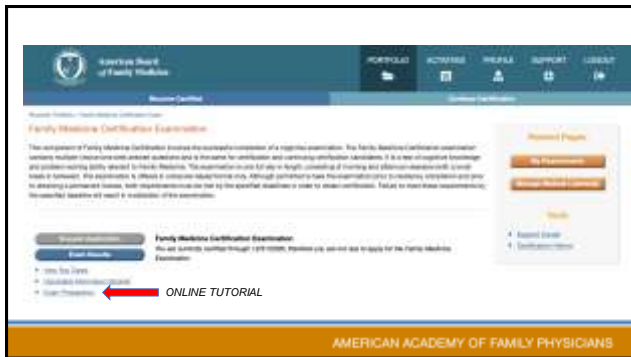
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Computer-Based Testing Format

- Enhanced testing format – Prometric has upgraded their exam delivery platform
 - Easier navigation
 - More efficient testing experience
- Familiarize yourself with new look and feel of exam – Interactive demonstration

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Exam Tutorial

- Go to
 - https://training.prod.prometric.mindgrb.io/Tutorial/launch.html_delivery.html
- Note: Questions in the exam tutorial are generic and NOT specific to the ABFM examination.

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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

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Angoff Method

Standard Setting Approach in Test Development

- Passing grade for the Certification Examination
- Panel of more than 24 diplomates who recently took the exam and did well are enlisted as Subject Matter Experts (SMEs)
- Each SME individually rates each test item based on whether or not a minimally-qualified candidate would answer the item correctly or incorrectly
- Once the first round of ratings has been conducted, everyone on the panel is given access to the ratings of the other SMEs so that they could compare what they determined about a particular item

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Angoff Method

Standard Setting Approach in Test Development

- SMEs are asked to rate the items **again** for a second round
- The second round of ratings would give the SMEs the opportunity to review their initial rating of an item and decide whether or not they might change their decision based on the expert judgments of the other SMEs
- The second round of ratings are averaged across SMEs to determine the cut score for the test

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Pass Rates (Combined Spring/Fall)

Year	Recerts (First/Total)	Certs (First/Total)	Score
2013	82%	81%	390
2014	85%	90%	380
2015	91.1%/80.6%*	95.6%/90.6%	380
2016	91.1%/85.5%*	97.8%/94.4%	380*
2017	94.1%/89.3%	98.1%/94.3%	380
2018	95.3%/91.8%	99.3%/95.1%	380

* Initial/Total

NOTE First-time takers (Certs) can be applying for initial certification or maintaining their certification, but they are not testing on this occasion due to an immediate prior failure.

* Correlates with about 60% correct on the 2016 ITE.

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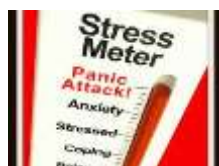
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Learning Objectives

1. Explain the examination process for certification/recertification in Family Medicine.
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Preparing Yourself Prior to the Examination

•Manage Your Stress

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Summary

Steps to Creating an Effective Study Plan

Step	Action
1	Know what material is going to be on the exam in what proportions
2	Identify your level of need for study <ul style="list-style-type: none"> • 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 least comfortable and familiar
7	Divide up the material into your schedule as specifically as is reasonable

Adapted from The ABFM.org

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ABFM Examination Test Plan Specifications - 2020

- Cardiovascular 12%
- Endocrine 8%
- Gastrointestinal 7%
- Heme/Immune 3%
- Integumentary 6%
- Musculoskeletal 12%
- Nephrologic 3%
- Neurologic 3%
- Nonspecific 9%
- Psychogenic 7%
- Reprod – Female 4%
- Reprod – Male 1%
- Respiratory 13%
- Special Sensory 2%
- Population-based Care 5%
 - Epidemiology, EBM, prevention, health policy & legal issues, bioterror, quality improvement, geographic/urban/rural issues
- Patient-based Systems 5%
 - Clinical decision-making, communication and doctor-patient interaction, family & cultural issues, ethics, palliative care, end-of-life care

1. Know what material is going to be on the exam

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2. Identify your level of need for study

- **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 or study resource 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

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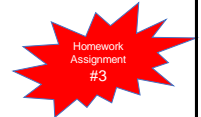
3. Identify how many hours you will need, would like, or be able to study

- Be realistic
- Talk with coworkers, friends, and family

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4. Evaluate how the designated amount of study will fit into your weekly schedule

- **Schedule your study time – on your calendar**
- Daily time –
 - Key ingredient in exam success is scheduling regular time to study
- Minimize long periods of study just on weekends



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5. Identify and obtain the materials needed

- Nearly any high-quality, comprehensive study material can be used effectively

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“Your” Study Materials

- ✓ Board Review Express syllabus
- ✓ USPSTF A-Z
 - <http://www.uspreventiveservicestaskforce.org/uspstf/topics.htm>
- ✓ ABFM Self-Assessment Modules
- ✓ AFP by Topic
 - <http://www.aafp.org/afp/topicModules/viewAll.htm>

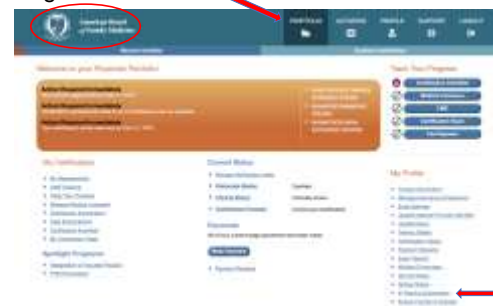
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Short-Term Study Tips

- Gaining points involves studying medical information – and there is a strong dose-response relationship
- Use the in-training exams or AAFP Board Review CME Questions as a pre- and post-test

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In-Training Exams



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AAFP Board Review Questions



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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
- Promotes focus on study
 - Allows one to actually SEE improvement

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Using the AAFP CME Questions for Pre- and Post-Tests - *an example.*

Date	Exam Questions	Time
Monday following course (Pretest)	Mixed Review – 30 questions (3 "tests")	30 minutes
One week later (Post-test 1)	Mixed Review – 30 questions (3 "tests")	30 minutes
One week later (Post-test 2)	Mixed Review – 30 questions (3 "tests")	30 minutes

✓ Goal is a minimum of 70% correct?

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6. Focus on the relevant material with which you are least comfortable and familiar

- Focus on established medicine
- Answer the question using THE MOST CURRENT information
- 9-month development cycle for the examinations, so **brand new information**, no matter how reliable, is unlikely to appear as an item

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7. 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
 - Keep a "fact sheet" for last-minute review
- Second attempt at examination
 - Serious score improvement needs 10-14 hours of study time per week (100 points)
 - Doing a lot of review questions is secondary (30 points)

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Using the In-Training exams for Pre and post tests and "additional questions."

Date	Exam Questions	Time
Monday following course (Pretest)	Mixed Review – 30 questions (3 "tests")	30 minutes
Tuesday following course (Studied for 50 minutes; 10 minutes "remain.")	Next Mixed Review Quiz 5 questions Time for 5 questions	5 minutes for questions then 5 minutes to review annotated answers
Friday following course (Studied for 40 minutes; 20 minutes "remain.")	Next Mixed Review Quiz 10 questions Time for 10 questions	10 minutes for questions then 10 minutes to review annotated answers
One week later (Monday) (First post-test)	Mixed Review – 30 questions (next 3 "tests")	30 minutes

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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
- Using AAFP mixed-type tests before beginning and weekly to see if performance seems to be improving

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Test-Taking Strategies

•How can we improve our response strategy in translating our knowledge into the exam's response format...



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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

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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

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TIP

- Both questions and answers have catch words; look carefully for them
 - “except”
 - “least likely”
 - “most likely”
 - “all but”
 - “never”
 - “always”
 - “all”

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“Catch Words”

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

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TIP

- Avoid unfamiliar choices
- These are made up by good test writers

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“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

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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

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“Similar Answers”

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 (^{32}P)

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

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“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 $^{99\text{m}}\text{Tc}$ macroaggregated albumin
- D. Radionuclide venography using $^{99\text{m}}\text{Tc}$ -labeled erythrocytes

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

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TIP

- For answers with numbers or percentages
 - Pick mid-range levels
 - Pick values that look like the others

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“Numbers or Percentages”

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

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“Numbers or Percentages”

At the end of 28 weeks of gestation (7 lunar months), the fetus weighs (in grams):

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

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TIP

- Choose answers that are consistent with good family medicine values...

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“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

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“Values”

In your urban family practice office, you encounter a female 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

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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



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Plan Your Exam Day

- Food
 - Can put in locker for break
- Clothing
 - Comfort
 - Look good, feel good, score good
 - “Lucky clothing”
- Identification – 1 photo identification (government issued)

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The Exam Begins

- Write down the seven equations on your “dry erase board”
 - Epidemiology Lecture (Home Study Course)
- Deep breaths; periodically pause and breathe
- Keep a positive attitude
- Read questions carefully

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Sitting down to take each 25-question Exam...

- Quiet environment away from distractions and interruptions
- Open Book Resources
 - Organization referenced
 - Trusted Online/Text Resources
 - AFP
 - Journal of Family Practice
- Do not try to out-guess the item writers. Rely simply on your knowledge to respond to the selections
- Be optimistic

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HOMEWORK – BEFORE Monday

- ✓ ABFM Website
 - ✓ Candidate Information Book
 - ✓ Computer Simulation of Examination
- ✓ Test Preparation Videos (if you like)

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Exam Preparation Guidance

- 6 videos from the ABFM's psychometrician
- <https://www.theabfm.org/moc/exampreparation.aspx>

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HOMEWORK – *BEFORE* Monday

- ✓ ABFM Website
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 - ✓ Computer Simulation of Examination
 - ✓ Test Preparation Videos (if you like)
- ✓ Set your study time on your calendar

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In the End...



Plan to Study
Keep Calm
Be Confident

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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 AAFP Board Review CME Questions 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

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We Are Done...

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