NBME Family Medicine Subject Exam: Utilizing for Maximum Impact

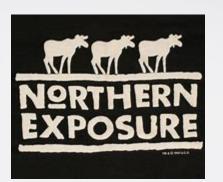
B. Earl Salser Jr. MDAssociate ProfessorUAB Department of Family and Community Medicine

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Knowledge that will change your world

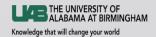
My Journey





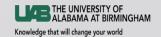






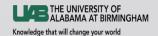
NBME Family Medicine Subject Exam: The Basics

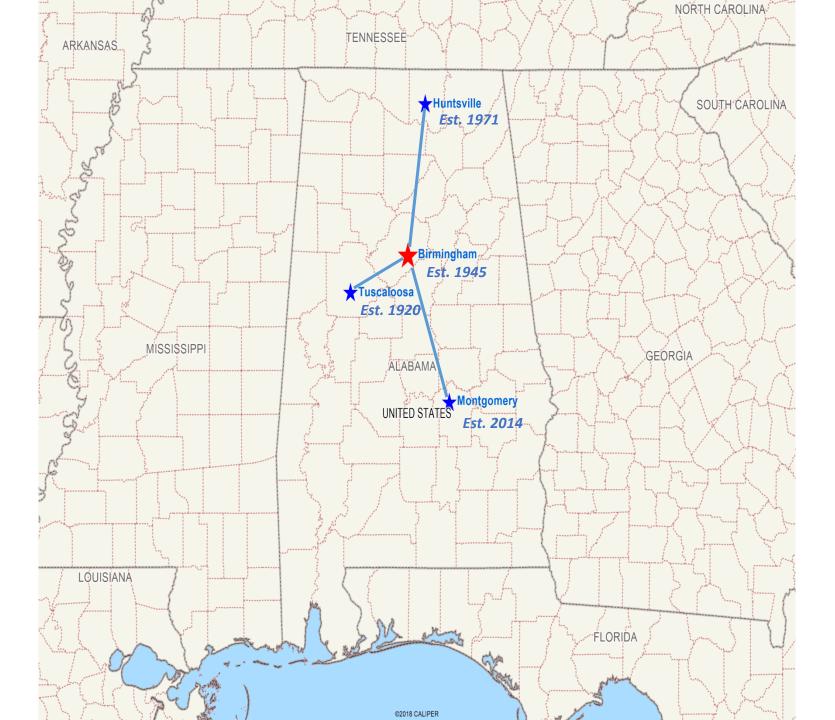
- Computer based exam
- 110 questions
- Modular Family Medicine Core + chronic + MSK
 - Adult medicine/MSK (> ½); Pediatrics (<1/4); Ob/Gyn (<1/4)
- Time allotted: 2 hours 45 minutes
- Questions: developed by family physicians



NBME Family Medicine Subject Exam: UAB History

- Started using test on all 4 campuses >15 years ago
- Utilized uniformly at all 4 regional campuses
 - Birmingham, Tuscaloosa, Huntsville, Montgomery

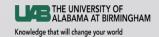




NBME Family Medicine Subject Exam: Incorporation into Clerkship

• Grade weight distribution:

- 75 % clinical evaluation/oral examination/fmCases
- 25 % NBME subject exam
- Honors/Pass/Fail (NBME exam)
 - Honors: 78 or higher
 - Pass: 58-77
 - Fail: below 58
- NOTE: High Pass utilized in overall grading

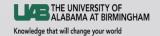


Preparing Students: Helpful Tips

• Clerkship directors: Take the exam!

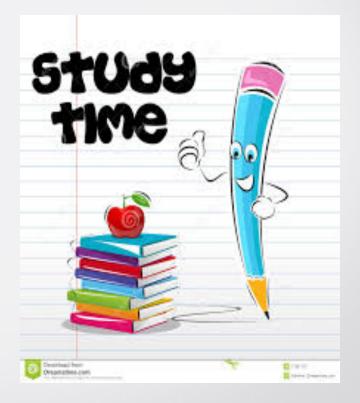
FACULTY REVIEW OF SUBJECT EXAMINATIONS: "Medical school faculty or other medical education institution staff may preview an exam to determine if it is appropriate for use. A free, online service that allows the review of web-based subject exams is available via the NBME Services Portal."

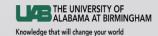
-- Guide to the Subject Examination Program: High Quality Assessment Tools in Medical Education (2017)



Preparing Students: Helpful Tips

- Provision of dedicated study time
 - UAB Bham ½ day per week





Preparing Students: Beneficial Resources

Most used:

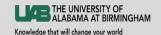
- CASE FILES Family Medicine
- PreTest
- Blueprints
- NMS Family Medicine



Preparing Students: Beneficial Resources

Question Banks

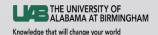
- AAFP Board Review Questions (1000 questions)
 - Students must become member of AAFP (free registration)
 - AAFP app access
- U world Q Bank
- Aquifer FM Cases
 - Pro: Good for exposure/knowledge gaps
 - Con: Time commitment



Preparing Students: Beneficial Resources

Preventative Medicine

- Immunization Schedules (pediatric, adult)
- Screening guidelines (review week of test): <u>www.uspstf.gov</u>
 - Utilize app: AHRQ ePSS app



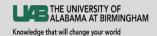
Prep Resources Students Are Using

- Most used:
 - Underground Clinical Vignettes
 - Pretest
- High variability based on specialty: First Aid, Case Files, Blueprints, AAFP qb



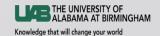
NBME Family Medicine Shelf Exam: Annual Academic Year-End Report

- Provided by NBME
- Data averages for first time takers and all takers (remediating grades added)
- Compares your institution to national averages
- Comparative data for 4wk/6wk/8wk rotations



NBME Subject Exam: Medical Knowledge Performance Indicators

- Comparative Data compared to national average regarding broad medical topics
- Performance indicators are coded within 3 major content areas:
 - 1 Organ Systems/Topic
 - 2 Physician Task
 - 3 Patient Group (age associated)



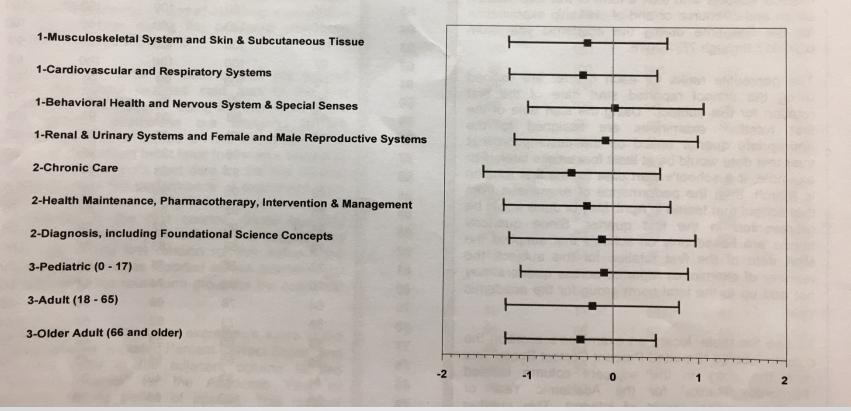
NATIONAL BOARD OF MEDICAL EXAMINERS®

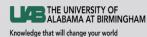
Subject Examination Program

Modular Family Medicine Core + Chronic + Musculoskeletal Examination

Performance of First-Time Takers During the 2017-2018 Academic Year 8/1/2017 - 7/31/2018

Medical School: 001-010 U Alabama Birmingham School of Medicine





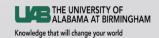
Challenges and Opportunities: Preparing Students for Success

Challenge: Regrouping for didactics

- Community preceptors utilized all over the state (travel,etc)
- Reduced clinical time

• Opportunity:

- High yield didactics (Focus on gaps)
- TBL utilizing gamefication (FM Cases)
- Zoom web connectivity (or other platform)



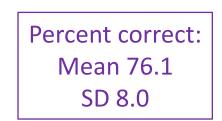
NBME Integration Into the Clerkship

How much should the exam count?

- Internal medicine NBME can increase or drop the final grade based on exam score. Cutoffs were based on UW historical averages.
- OB, Surgery, EM, Neuro all use an adjustment to GPA, ranging from 0.08-0.2 points
- Psych has a complicated equation based on historical averages at the UW

Proposal for FM: keep the grade adjustment as-is

What should our cut-offs be?



	Equated	Percen	t Correc	t Scores	
	Academic Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
N	2,662	645	540	618	618
Mean	76.1	73.2	75.4	76.9	79.2
SD	8.0	8.0	7.5	7.8	7.3

Table 3 – 2015 Family Medicine Grading Guidelines for Honors (Mean Equated Percent Correct Scores)

 Examination Components Administered
 Horstee Compromise

 Range of Acceptable
 Minimum Honors Scores

 Core + Chronic Care + Musculoskeletal
 78 to 87

	Table 2 – 2015 Family Medicine Grading Guidelines for Passing (Mean Equated Percent Correct Scores)						
		1	Modified Angoff	Hofstee Compromise			
Acceptable Minimum To Pass:		nation Components Administered	Recommended Passing Score	Range of Acceptable Minimum Passing Scores	Recommended Passing Score		
			57	50 to 62	61		
60-62	ronic Care		57	50 to 62	61		
Core + Chro		hronic Care + Musculoskeletal	58	50 to 62	61		

Honors Range: 78-87

Proposal for exam score cut offs

- Honors: 1 SD over the mean = 84
- High Pass: 1 SD below and above the mean = 68 83
- Pass starts at the MINIMUM acceptable passing score = 50-67
- Fail is 49 or less

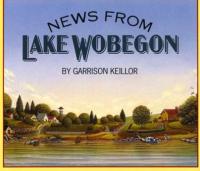


We can revisit this after the first year or two of using the NBME

Should we revisit the "Honors GPA"?

We require the highest bar to achieve honors from a clinical standpoint and yet have the highest proportion of honors in every class.

Other clerkship honors cutoff range from 4.5-4.8



Would we give more accurate feedback if we made it *easier* to get honors from a GPA standpoint?

Proposal: drop the honors cutoff to 4.7