Key Features Exam

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on behalf of the American Board of Thoracic Surgery



ABTS Credentialing Process

Dimensions being Assessed

- Medical Knowledge (facts, basic knowledge etc.)
- Patient Care (Clinical Decision Making)
- Interpersonal Communication
- System Based Practice
- Professionalism
- Lifelong Learning



Completion of an ACGME accredited Program

Attestation by Program Director and Faculty

Qualifying Examination (aka Written)

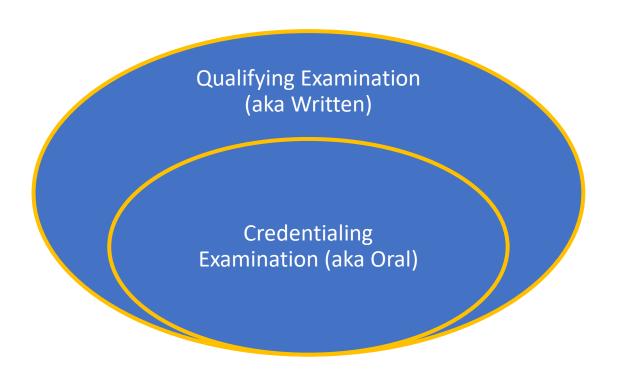
Credentialing Examination (aka Oral)

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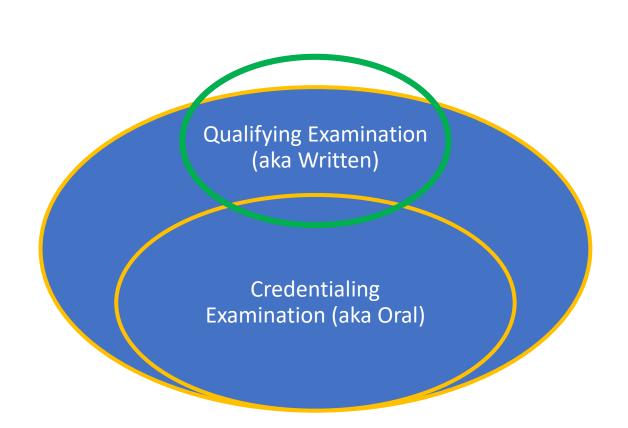


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Qualifying Exam (written)

- 250 Item Exam
 - Administered in two sections of 125 items each
 - Total time for exam is 7 hours
 - Item Format is entirely MCQ
 - 1 correct response
 - 3 plausible distractors

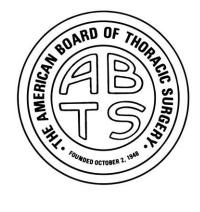


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- Rapid Response Time
- Efficient broad sampling of the construct being assessed



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- Plausible distractors can provide clues
- Very difficult to construct when assessing Clinical Decision Making

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There are better options Clinical Decision Making!





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Key Features Approach



- Validated psychometrically and implemented specifically to assess Clinical Decision Making
 - Medical licensure Exam in Canada
 - MOC for Colorectal Surgeons
 - Numerous final clerkship assessments in Medical Schools in North America
- Leverages items formats that allow multiple answers and minimizes clueing
- Focuses on the "Key Features" of specific clinical problems
 - A KF is
 - A critical decision for the successful resolution of a problem
 - Concurrently a step that is challenging for a borderline candidate

Key Features Approach

- Items are organized around a specific clinical problem or "case"
- 2 to 3 Key Features specific to that case are identified by Subject Matter Experts
- Each "case" will have from 1 to 3 questions assessing the candidates knowledge of those 2-3 Key Features
- Question format can include either:
 - Short Menu multiple choice (15 to 25 items)
 - Write in



Key Features Approach (example)

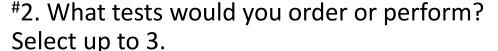
A 63 yo man developed a chronic cough 3 months ago after what he thought was a cold. A month ago he saw a trace of blood prompting a visit to his PCP. A CXR demonstrated a right lower lobe infiltrate, hilar fullness and blunting of the costophrenic angle. A two week course of abx diminished the cough. No further bleeding episodes. A repeat CXR still shows some hilar fullness and the blunting but a reduction in the infiltrate.

He has a 16 pack year smoking history, quit 12 years ago. Drinks 2-3 beers daily. Works on a farm in Arizona. No other medical problems.

#1.	List	your	2	most	likely	diagnoses.
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	CBC	10	MRI Brain
L.	CDC	10.	ivini bi aiii

- Bronchcoscopy Lvtes
- **Endoscopic Bronchial Ultrasound** Coags
- Thoracentesis Cf DNA
- Sputum culture 14. Thoracoscopy
- 15. Mediastinoscopy Sputum cytology
- CT chest Consult Medical Oncology
- **Consult Radiation Oncology** PET/CT
- Consult Infectious Disease CT Brain



Upcoming Qualifying Exam (Dec 2023)

- Key Features cases to be implemented in the Dec 2023 Qualifying Examination (written)
 - Impacts all trainees graduating July 2023 and those who must retake the QE
- Total of 8 Key Feature cases will be added as a third section
 - Published mean response time of 3-4 min/case, we are allowing for up to 9 min/case
 - Will undergo the same psychometric item evaluation all MCQ items receive
 - Will be included in the final grading
- Efforts to minimize anxiety to candidates
 - This presentation
 - Future direct Communications with PD's and PC's
 - Communication with candidates during application for the QE
 - Examples of KF cases displayed on the ABTS website



Questions...

