



IAMSE Spring 2017 Audio Seminar Remediation of “High Stakes” professional exams

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Strategy for assisting students to be successful on USMLE Step 1

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Objectives

- Discuss the strategy for assisting students in preparing for the USMLE Step 1 exam
- Identify methods of assessing progress toward success with the USMLE Step 1 exam
- Discuss options for remediation for those students deemed not ready to take the exam as well as those who fail the USMLE Step 1 exam.

VTCSOM Strategy

- Use the NBME subject exams at the end of every block.
- Identify students early who struggle with NBME subject exams.
- Determine the causes of struggle and provide academic support and/or offer testing.
- Purchase 1-year USMLE World Question Bank at the beginning of Year 2
- Contract with The Step 1 Method™.

The Step 1 Method

- Live education
- Webinars
- Tutors available
- Calendar wizard

VTCSOM Timeline

- The Step 1 Method- ongoing
- The CBSSA exam- late February
- Research Block- late February to late April
- The Intensive Study Period- 6 weeks
- CBS exam vouchers- Three per student
- One CBS at the beginning of the ISP; one after 2.5-3 weeks; the last one a week before the scheduled exam
- The exam- ideally in June prior to Year 3 Orientation

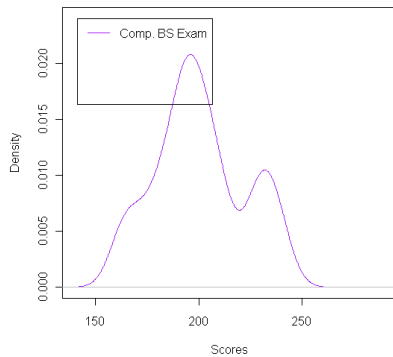
NBME CBS Self Assessment Vouchers

- We purchase 3 per student
- Purchase the exam with expanded feedback
- The score and feedback come to the student immediately.
- The score is also available to me because we purchased the vouchers.
- We require a score of ≥ 202 on a practice exam in order that the student be allowed to take the exam.

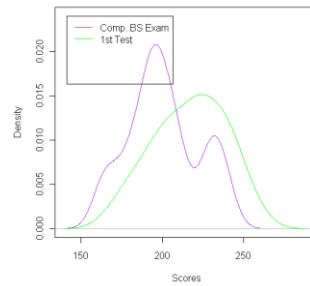
VTCSOM CBSSA history

- Δ from 1st CBSSA score to Step 1- 40.00485
- SD- 14.46897
- Range- 3-73

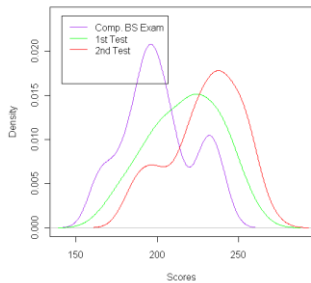
Distribution of Scores Over Practice Tests



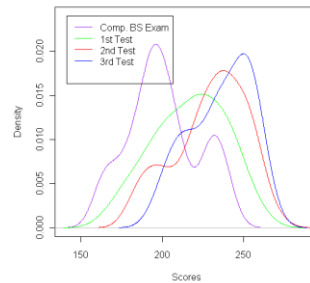
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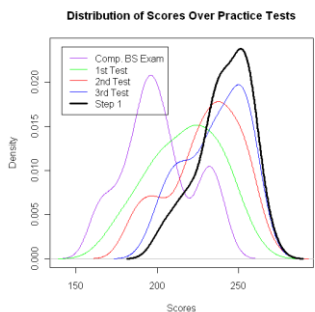


Distribution of Scores Over Practice Tests



Distribution of Scores Over Practice Tests





What if not making progress during the ISP?

- Face-to-face meetings with the Director of Academic Counseling and Enrichment Services and Associate Dean of Student Affairs.
- Private tutoring through The Step 1 Method.
- Modify the ISP timeline and plan.

What if no practice test ≥ 202 ?

- The student would need to extend the ISP
- The 1st 4 weeks of Year 3 can be used as a study elective (VTCSOM has 4 weeks of electives built into the Year 3 schedule).
- At the conclusion of this additional 4 weeks, the student must take the exam (regardless of the CBS scores).

What about the student who fails Step 1?

- May complete the Clerkship/rotation they are on when the score arrives.
- If already used 4 weeks of elective for study, must decide if they are going to do a quick turnaround and retake the exam or take a Leave of Absence from school in order to assess and address the issues.
- If did not use the 4 weeks of elective, immediately after completion of the current clerkship/rotation, takes a 4 week study elective and retakes the exam.

Our history of Step 1 study modifications

- Class of 2014- one took a 2 week study elective and three took a 4 week study elective. All four passed.
- Class of 2015- two took a 4-week study elective. Both passed.
- Class of 2016- three took a 4-week study elective. One passed Step 1. One failed Step 1 and the other followed the elective with a LOA and subsequently withdrew from school without ever having taken the exam.
- Class of 2017- one took a 4-week study elective and passed the exam.
- Class of 2018- three took a 4-week study elective. All three passed.

Students who take study electives

- In each case, the student must have face-to-face meetings with:
 - The Director of Academic Counseling and Enrichment Services
 - Associate Dean of Student Affairs.
- The student must purchase individual tutoring through The Step 1 Method.

Our history of Step 1 failures

- Class of 2014- none
- Class of 2015- one. He decided to take a LOA, pursued an MPH and took and passed Step 1 during the MPH.
- Class of 2016- two. Both withdrew from school. One immediately and one after a six-month LOA.
- Class of 2017- one. Retook and passed the exam after a 4-week study elective
- Class of 2018- none

Assisting students in preparation for COMLEX Level 1

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Objectives

- Discuss our process to assist students in preparation for COMLEX Level 1
- Describe metrics utilized to determine “readiness”
- Discuss lessons learned over past five years

Process

- Early intervention
- Review of all exam performance over years one and two
- COMSAE exam performance
- Retention Team

Early Intervention

- Learning services
- Curriculum Director
- Monitoring of all exam performance

Exam Performance

- 72.5% pass rate on all exams
- Student performance greater than 1SD below the mean consistently over time
- Block exams more predictive of board difficulty
 - Musculoskeletal
 - CV
 - Neurology
 - Endocrine and Metabolism

COMSAE exam

- Practice style COMLEX exam
- All students take in March of year two
- Poor performance triggers additional intervention
- Continued poor performance will result in delay of year three clerkships

Retention Team

- Student Affairs
 - Director
 - Learning services
- Academic Affairs
 - Curriculum Directors
 - Assessment staff

Lessons Learned

- Struggling students need to focus on board exam
- Resource intense
- Delays in starting clerkship have significant impact
- Development of Directed Studies course

Class Pass Rates

- 2014 – 93.2%
- 2015 – 96.9%
- 2016 – 90.6%
- 2017 – 96.4%
- 2018 – 97.0%




OHSU

IAMSE Webinar Series
Remediation in Health Science
Education
The Physician Assistant Perspective

Pat Kenney-Moore EdD, PA-C, Associate Professor SOM Division of Physician Assistant Education

Objectives

- Briefly describe the PA profession and discuss the process of PA education
- Describe initial and ongoing certification for licensure
- Identify accreditation standards for formative and summative assessments of students
- Describe options for potential remediation at the formative stage
- Discuss options for students unable to complete summative assessments successfully
- Identify methods for dealing with PANCE failures



Overview of the PA Profession

- The American Academy of Physician Assistants has defined PAs as: medical providers who are nationally certified and state licensed to practice medicine. PAs can obtain medical histories, conduct physical exams, diagnose and treat illnesses, order and interpret tests, perform medical procedures like joint injections, counsel patients on preventive healthcare, assist in surgery, write prescriptions, and make rounds in nursing homes and hospitals, among many other medical services.
- PAs diagnose, treat and prescribe medicine. Thanks to an education created by physicians and modeled on the medical school curriculum, PAs are certified as medical generalists with a foundation in primary care. Over the course of their careers, many PAs practice in two or three specialty areas, giving them deep experience and the flexibility to meet the changing needs of their patients, employers and communities.
- Team-based care is at the core of a PA's training. PAs can practice autonomously or in a collaborative relationship with other members of a patient's healthcare team. This combination is a major source of their strength.

PA Education



PA educational programs are situated in Academic Health Centers and universities with health systems affiliations

- Bachelor's degree and premedical course prerequisites are required
- Most programs require direct patient care experience before entrance

After matriculation, a year is spent in didactic coursework that includes the basic sciences, behavioral sciences and clinical medicine

Following the academic/didactic year, students complete more than 2,000 hours of clinical rotations (analogous to clerkships) in:

- Family Medicine / General Internal Medicine
- Women's Health - OBGYN / Pediatrics / General Surgery
- Emergency Medicine / Mental Health - Psychiatry / Electives

32

PA Education

The PA educational process is anecdotally described as consisting of:

“Seventy-five percent of medical school in fifty percent of the time”in order to prepare PAs to perform approximately 80% of medical services that are traditionally performed by physicians. (Ballweg, Sullivan, Brown & Vetrotsky, 2008)

33



Certification

- Graduates of accredited PA programs must pass a national certifying examination (PANCE) administered through the National Commission on the Certification of PAs (NCCPA) to be able to call themselves “Physician Assistant-Certified” or “PA-C.”
- To maintain this certification, PAs must complete 100 hours of continuing medical education (CME) every 2 years, and successfully complete a comprehensive general medicine recertification examination every 10 years.
- Once certified, PAs obtain licensure to practice medicine through each state's regulatory agency, typically a Board of Medicine.

34

Certification Outcomes - What is the Scope of the issue?

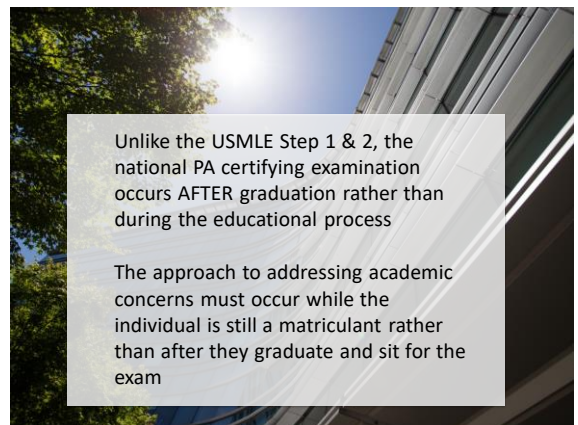
Total Number Of PAs Who Passed PANCE in 2016: 8,025				
PANCE	Number of Exams*	Percent Passing	Number of First Time Takers**	Percent of First Time Takers Passing
2016	8,631	93%	8,082	96%
2015	8,651	91%	7,784	96%
2014	8,529	89%	7,435	95%
2013	7,504	88%	6,495	94%
2012	7,620	85%	6,335	93%

* Represents total number of exams, not number of examinees
 ** Represents total number of first time examinees

Total Number of Certified PAs as of 12/31/2016: 115,547

nccpa.net - accessed 2/13/2017

35



Unlike the USMLE Step 1 & 2, the national PA certifying examination occurs AFTER graduation rather than during the educational process

The approach to addressing academic concerns must occur while the individual is still a matriculant rather than after they graduate and sit for the exam

Accreditation Standards



C3 STUDENT EVALUATION

C3.01 The program must conduct frequent, objective and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components.

C3.03 The program must monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

C3.04 The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice.

37

Remediation Based on Formative Assessments

Low(er) stakes with the potential for remediation within the context of a course or block to include retesting over the same material, completing additional exercises or other activities to demonstrate competence / assimilation of material.

- The OHSU PA program requires students to achieve a minimum of 80% on all clinical medicine content in order to maintain academic standing
 - We believe that remediation is not achieved through retesting over the same exam content
 - Scores below 80% trigger a formal remediation process where students review exam content that was missed, look up the correct answers and explain why their answers were wrong
- **Since the PANCE is founded on medical knowledge based on textbook understanding of basic and clinical sciences, remediation of the core didactic and clinical examinations is the primary focus in preparing students for PANCE**
 - At the end of the academic phase and the clinical phase all students take a "PACKRAT" examination and individual results are compared with national means
 - Students whose scores are significantly below the national mean are identified as being at risk for PANCE failure

38

Remediation Based on Summative Assessments

- **By definition, summative assessments are final and not remediable, and have the potential to stop a student from progressing through the curriculum (i.e. resulting in dismissal or requirement to repeat all or part of the program.)**
 - However our responsibility is to support the student while they are still students and to assure readiness to graduate
- A summative OSCE and a summative written examination are administered before graduation
- In the past, NCCPA testing included clinical skills similar to the Step 2 examination
 - This has been dropped due to issues related to reliability. Responsibility for assessing these skills has been imbedded into PA accreditation standards such that each program is responsible for assuring competency of basic clinical skills, and usually takes the form of an experiential OSCE
- Students who fail components of the summative assessments are counseled on weaknesses and may be referred for student support services / student access & disability services or counseling
- There may be assignment of additional requirements based identified weaknesses
 - i.e. DXR cases / MedU cases / Self study with progress examinations
- ³⁹ A "board review" course is imbedded into the curriculum prior to graduation

Dealing with PANCE Failures

This is very challenging for programs as these individuals are no longer students and therefore no longer qualify (technically) for student support services - plus there is no offset for faculty time spent with graduates

- Many programs provide some individualized coaching based on PANCE exam reports that break down content by "task" (basic science, H&P, most likely diagnosis, diagnostic testing, management,) and "organ system" (cardiology, pulmonology, gastroenterology etc.)
 - Practice exams at the program level and from NCCPA
 - Recommendations for independent evaluation for accommodations
 - Recommendations for external board review courses
- Because there is such a high passing rate for first-time takers, this generally affects small numbers of graduates each year
 - There is no universally accepted approach to dealing with graduates who have failed the PANCE exam, but most programs take student performance very seriously and feel an obligation to assist
 - Most retesters go on to pass

40



Thank you!
What Questions Can We Answer?

