



Almost Everything You Wanted to Know About Pathology Board Exams but Were Afraid to Ask

September 10, 2011

Introduction

These materials supplement the Residents Forum presentation delivered September 10, 2011.

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Introductory Information

Objectives

After reviewing this handout, participants should be able to:

- Describe the logistics of the exam.
- Develop their own American Board of Pathology (ABP) exam prep action plan based on successful strategies used by previous exam candidates.
- Report improved confidence about the exam.
- Explain the exam scoring process.
- Describe the impact of time-limited certificates and requirements for continued certification.

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Special Thanks

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Survey Response

In June 2011, an online survey was sent to a segmented research panel composed of New in Practice (0-5 years) individuals who passed The American Board of Pathology (ABP) primary examinations. The results of 194 individuals who completed the survey are included in this handout. The top three subspecialty areas selected by respondents were Surgical Pathology, Cytopathology, and Hematopathology.

This survey is a follow-up to previous surveys, conducted in 2006 and 2009. The data presented in this handout is taken from the 2011 results, unless otherwise specified.

Exam Qualification and Application

Application timeline Spring 2012 AP/CP Exams:

- Application/registration opens September 2011
- Application/registration final filing date January 15, 2012, at 11:59 pm ET
- Late application/registration opens January 16, 2012
- Final filing date February 15, 2012, at 11:59 pm ET
- Program Director application approvals and evaluations due February 1, 2012
- Date assignments are posted March 2012
- Cancellations must be made within 2 weeks from the date the examination date assignments are posted (\$500 fee and you must reschedule in subsequent exam sessions only).
- Exams begin May 14, 2012
- Results are posted to your Board Correspondence page 4 to 6 weeks after the final week of examinations.

PATHway is the online application tool on the abpath website. Correspondence with the board will occur through this portal. Email notifications will prompt you to log into the PATHway if the application needs your attention. For primary examinations, passwords for the system are handled through each institution's program director. Once you are in the system, you will create a digital application and upload documents to substantiate your autopsies and medical license.

There are detailed instructions walking you through the PATHway process at <http://www.abpath.org/PATHwayApplInstructions.pdf>.

Requirements for application:

- Meet training requirements. Training must be completed by July 1 for the spring exam and November 1 for the fall exam. Occasional exceptions are made for those who finish 1-2 months late.
- Hold a non-restricted medical license. If you have only applied for your license, you will need to upload a copy of your USMLE Step 3.
***** YOU MUST HAVE APPLIED FOR YOUR NON-RESTRICTED MEDICAL LICENSE TO REGISTER FOR THE EXAM, AND YOU MUST HAVE AN UNRESTRICTED LICENSE TO RECEIVE YOUR BOARD SCORE*****
- 50 autopsies

The minimum number of autopsies expected is 50. If you have not performed 50 autopsies **by the application deadline**, you are not qualified.

Upload your autopsy list in PDF format. The list must include all of the necropsies that you have performed, giving only age, sex, primary diagnosis, and date performed. Do not send complete autopsy reports. Please number each item in the list; the minimum number of autopsies expected is 50. You cannot complete the application without an attached autopsy file.

Indicate how many of the autopsies were Shared, Limited, Forensic, and Fetal. This data is informational. There are currently no specific requirements, but **the policy for fetal autopsies will change for the 2013 exam (see below)**.

Policy for Fetal Autopsies for the 2013 Board Exam

1. Definition – A fetal autopsy is one that is performed on a fetus dying in-utero or born dead.
2. For a fetal autopsy to satisfy the autopsy requirement of the American Board of Pathology, the following criteria must apply:
 - There must be an autopsy consent signed for a complete autopsy. This is not the same as an anatomic disposal.
 - The fetus must be intact.
 - Examination of the placenta must be part of the autopsy report. It is not really possible to fully evaluate a fetal death without evaluating the placenta
3. No more than a total of 5 fetal autopsies that have no anatomic, congenital, infectious, or genetic abnormalities (Final Anatomic Diagnosis = intra-uterine fetal demise) can count toward the 50 required autopsy cases.
4. No more than 2 fetal autopsies on macerated (so severely macerated no diagnosis other than IUFD is possible) fetuses can count toward the 50 required autopsy cases.

Residents planning to take the 2013 examination, whose autopsy numbers will be negatively affected by this new policy, should take steps to ensure they will meet the requirement for 50 autopsies by the deadline for receipt of applications for the 2013 exam (January 15, 2013 for spring exam, May 15, 2013 for fall exam).

There are no specific numerical requirements for surgical pathology, cytopathology specimens, bone marrows, FNAs, or clinical pathology consultations. This data is

informational, but it must be provided at the time of application. It is a good idea to track these numbers throughout your training.

AP Study Resources

Survey respondents rated the following resources as useful in their preparation for the AP exam.

Sample Size / Title

Author or Editor

Average Score

(Not helpful at all = 1, Slightly helpful = 2, Neutral = 3, Very helpful = 4, Extremely helpful = 5)

136 / Lefkowitz Anatomic Pathology Board Review

Jay H. Lefkowitz

4.10

145 / *Osler Pathology Board Review Course*

The Osler Institute

<http://www.osler.org/>

3.76

148 / *Surgical Pathology Unknown Conference*

Johns Hopkins University

<http://pathology2.jhu.edu/sp/>

3.70

118 / *Performance Improvement Program in Surgical Pathology (PIP)*

College of American Pathologists, Surgical Pathology Committee.

<http://www.cap.org>

3.41

167 / *Robbins Basic Pathology, 8th Ed.*

Vinay Kumar, Ramzi S. Cotran and Stanley J. Robbins

3.38

130 / *Pathology Outlines*

PathologyOutlines, LCC.

<http://www.pathologyoutlines.com/>

3.30

122 / *Sternberg's Diagnostic Surgical Pathology, 5th Ed.*

Darryl Carter, Joel K. Greenson, Victor E. Reuter, Mark H. Stoler

3.24

144 / *Rosai and Ackerman's Surgical Pathology, 10th Ed.*

Juan Rosai

3.23

149 / *WHO Classification of Tumours Series*
Published by IARC.
<http://www.iarc.fr/en/publications/list/bb/index.php>
3.19

180 / *Pathology Resident In-Service Examination (RISE)*
American Society of Clinical Pathology.
<http://www.ascp.org/MainMenu/residents/PathologyResidentInServiceExaminationRISE>
3.13

101 / *Differential Diagnosis in Surgical Pathology, 2nd Ed.*
Paolo Gattuso, Vijaya B. Reddy, Odile David, Daniel J. Spitz, Meryl H. Haber
3.05

29 / Other
AFIP Review Course
Anatomic Pathology Board Review by Atif Ali Ahmed
ASCP Quick Compendium of Surgical Pathology by Steven Ramsburgh
ASCP Review Course
Bethesda System
California Tumor Tissue Registry
Essentials of Anatomic Pathology by Liang Cheng, David G. Bostwick
Henry's review book
Practical Principles of Cytopathology by Richard M. DeMay
Rapid Review Pathology by Edward F. Goljian
Robbins and Rosai question books
Washington Manual of Surgical Pathology by Peter A. Humphrey, Louis P. Dehner, John D. Pfeifer

CP Study Resources

Survey respondents listed the following resources as useful in their preparation for the CP exam.

Sample Size / Title

Author or Editor

Average Score

(Not helpful at all = 1, Slightly helpful = 2, Neutral = 3, Very helpful = 4, Extremely helpful = 5)

140 / *Osler Pathology Board Review Course*
The Osler Institute
<http://www.osler.org/>
4.04

69 / *Resident Review Course*
American Society of Clinical Pathology
<http://www.ascp.org/LongDescriptions/ResidentReviewCourse.aspx>
3.74

155 / *Koneman's Color Atlas and Textbook of Diagnostic Microbiology, 6th Ed*
Elmer W. Koneman
3.72

117 / *Clinical Laboratory Pearls*

Steven L. Jones

3.56

109 / *Henry's Clinical Diagnosis and Management by Laboratory Methods, 2nd Ed*

Richard A. McPherson, Matthew R. Pincus

3.27

172 / *Pathology Resident In-Service Examination (RISE)*

American Society of Clinical Pathology.

<http://www.ascp.org/MainMenu/residents/PathologyResidentInServiceExaminationRISE>

3.16

67 / *Clinical Laboratory Medicine, 2nd Ed*

Kenneth D. McClatchey

3.06

76 / *WHO Classification of Tumours Series*

Published by IARC.

<http://www.iarc.fr/en/publications/list/bb/index.php>

2.97

55 / Other

AABB Technical Manual by John Roback, Martha Rae Combs, Brenda Grossman, Christopher Hillyer

ASCP Quick Compendium of Clinical Pathology Compendium by Daniel D. Mais

Blood Bank Guy website: <http://www.bbguy.org/>

CAP Color Atlas of Hematology by Eric F. Glassy

Clinical Laboratory Science Review by Robert R. Harr

Practical Diagnosis of Hematologic Disorders by Carl Kjeldberg

Quick Compendium Companion for Clinical Pathology by George Leonard and Daniel D Mais

RISE Exam

Respondents were asked how strongly they agreed with the following statement: "Performance on the RISE exam is strongly correlated to performance on the board exam."

- 10.3% strongly agreed
- 35.1% agreed
- 28.4% neutral
- 13.9% disagree
- 9.8% strongly disagree
- 2.6% unsure

Studying and Preparation

Residency Programs

Respondents were asked how their residency programs helped prepare them for boards. Comments were grouped as follows:

- 40% Conferences/ Lectures
- 14% CP training / hands-on
- 12% Assignments/responsibilities/exposure
- 11% Rounds/signout
- 9% Unknown cases
- 6% Review courses/RISE
- 5% Time to study
- 3% Other

Selected Comments:

- Providing time and study material for boards; "Lighter services during the latter half of 4th year allowing study time for boards."
- For CP, the curriculum should focus on lectures, providing a hands-on approach (microbiology and chemistry) and active participation in patient care (transfusion medicine).
- "A lot of CP call responsibility and interpretation of flow cytometry, molecular diagnostics, SPEP, etc."
- For AP, residents need to see as much glass as possible (AP conference, unknown cases, study sets, PIPs) and have time to read and discuss the major pathology textbooks (Robbins, Rosai and Sternberg).
- Daily work load / case load seemed to be the most important single preparation tool; "Being in a busy tertiary care hospital with lots of exposure to rare disease helps a lot, too!"
- "High volume, graduated responsibility, double-scoping almost all cases with attendings."
- Collaborative study groups
- Daily / regular slide conferences and CP case conferences, "availability of attendings' personal recut collections for study"
- "RISE exam review"
- Funds for books / review courses provided by the program

Review Courses

- Almost half (47.9%) of respondents had taken a review course.
- 60% of respondents would recommend utilizing the resources from a review course without attending the live sessions.

Those who took a review course were asked to rate the helpfulness of the live review course(s) from "Not helpful at all (1)" to "Extremely helpful (5)"

Course	Sample size	Average Score
Osler Pathology Board Review Course	71	3.72
ASCP Review course	38	3.61
CMEinfo Path Board Review ('10 and '11)	3	3.00
UHC Seminar in Pathology (Dr. Chinmay Datta) Course	3	3.67
Other (including Internal board review/Dr. Paola Gattuso and John Hopkins Surgical Pathology Cases Online)	3	3.67

Those who participated in a review course were asked, "How far in advance do you recommend others take a review course?"

- 60.2 of respondents answered "1 to 6 months prior to the exam."
- 28% of respondents answered "7 to 12 months prior to the exam."
- 9.7% of respondents answered over 1 year prior to the exam.
- 2.2% of respondents who took a review course themselves did **not** recommend others take a review course.

Selected Comments:

- "Find your areas of weakness and focus on those topics at the review."
- "I think review courses are helpful if you are the kind of person who can learn from sitting in lectures. I learn best by reading, answering questions, and assimilating information from various resources. On the other hand, the study material from the review courses is variably useful, depending on the lecturer."
- "Study on your own first, then take the review course."
- "The most valuable aspect of the review course is the organization of material. It allows you to visualize what topics need to be covered."

Studying Practices

"How far in advance of the exam did you begin studying?"

- 7.7% of respondents began studying 1 to 2 months prior to the exam.
- 52.1% of respondents began studying 3 to 6 months prior to the exam.
- 32.5% of respondents began studying 7 to 12 months prior to the exam.
- 7.7% of respondents began studying more than 12 months prior to the exam.

"During the time you were actively studying, about how many hours per week did you spend studying on average?"

- 14.4% spent 1 to 5 hours
- 26.8% spent 6 to 10 hours
- 22.2% spent 11 to 15 hours
- 19.6% spent 16 to 20 hours
- 17% spent more than 20 hours

Content Areas

Respondents were asked to identify the most challenging topics on the exam.

Top three for the AP exam:

- General pathology and laboratory management
- Congenital and genetic diseases
- Molecular pathology

Top three for the CP exam:

- Chemical pathology
- Medical microbiology
- Laboratory management

AP and CP Combined Exam

The majority of respondents (88%) indicated that their primary board certification was both AP and CP. Of those, most (81%) passed the combined AP/CP exam on the first try, and 2.3% took them separately.

- 74.3% who took both AP and CP board exams agreed or strongly agreed that taking the combined exam is optimal (versus taking AP and CP separately).
- 12.3% were neutral
- 11.1% who took both AP and CP board exams disagreed or strongly disagreed that taking the combined exam is optimal (versus taking AP and CP separately).
- 2.3% were unsure

Timeline

Start of residency

Keep a log of information that will be needed on the application (see **Application** section above.)

8 months prior to exam

Begin working on your application.

6 months prior

Submit completed application to the ABP.

- The application is usually due 5 months prior to the exam date – submit the application early in case any changes are needed. Refer to the ABP Web site for specific application due dates for your exam.

Begin studying in earnest.

- Web sites, textbooks, and other resources previous examinees have found to be useful are listed in another section.

Within 1 week of receiving assignment date

Make hotel reservations.

Make flight reservations.

Request a transfer of examination dates, if necessary.

- For primary certification, if the originally assigned date is not acceptable, applicants have two weeks from the date of the notification letter to cancel and transfer the application and fee to the next examination session for which the applicant qualifies.
- There is a \$500 administrative fee that applies to all transfers except those related to medical issues.
- Transfers cannot be made within the same session, and dates cannot be exchanged with other candidates.
- For subspecialty certification, there is no opportunity to cancel the date after the filing deadline without forfeiture of the fee, unless there is verified illness at the time of the examination.

1-3 months after exam

Receive your results.

- Results are posted to the candidate's board correspondence page on PATHway.
- Candidates are notified by e-mail when the results are posted.
- The candidate's contact information can be changed by the candidate on PATHway.

Note: The ABP will **not** release your results without a copy of your currently valid, full and unrestricted license to practice medicine or osteopathy in the US or Canada. This should be uploaded to PATHway.

Tips from Past Examinees

When do you recommend taking the primary exam (AP, CP, or AP/CP)?" (2009)

- 85% indicated "Spring/June of the final year of residency"
- 13% indicated "The first fall/October following completion of residency"
- 8% indicated "Spring/June one year after residency completed"

If you could offer one piece of advice to future test takers, what would it be?

Learn material throughout residency:

- Learn as much as you can during your rotations
- Read about your cases
- Take your CP rotations seriously and get involved in lab management

Have a study plan and be committed to your plan:

- ~2 years in advance for rough preparation and give last 6 months for serious studies with timetable and topics to be read every day
 - Start several months prior to the exam and study in small increments each day.
 - Recognize your weaknesses and spend more time on those subjects.
-
- "All you can do is your best. You won't know it all—prioritize the things that come easier for you. It is okay to just acknowledge there are areas you are weak in and let them go—just not too many!"
 - "By this stage of your life and training, you already know 'your style' of studying. Despite temptation, don't deviate much (if at all) from that. Ride the horse that got you there."
 - "Doing a good job every day during your residency and reading about your cases/topics is like studying every day."
 - Don't let studying for the exam take over your life."

Transportation

Air travel

Tampa International Airport is the preferred airport for the exam testing center. In addition to the well-known carriers, a number of discount air carriers (JetBlue, AirTran, Southwest, etc.) fly into Tampa for very reasonable rates.

City Distance from Testing Center -- Taxi Cost (One-Way)

Preferred Airport

Tampa International Airport (TPA)
4 miles -- \$15

St. Pete/Clearwater International Airport (PIE)
13 miles -- \$30

Orlando International Airport (MCO)
90 miles -- \$200

Ground transportation

A complimentary van from Tampa International Airport is available to guests staying at the InterContinental Hotel (recommended hotel, formerly known as the Wyndham).

Complimentary Airport Shuttle runs every 30 minutes between the airport and the InterContinental. Use the courtesy phone by baggage claim to arrange pick-up.

If you are only coming to Tampa for the exam, it is probably not worth renting a car. However, the InterContinental does offer complimentary self-parking for hotel guests.

When to travel (2009)

- 73% of respondents recommend examinees arrive the day before the exam.
- 25% of survey respondents recommend examinees arrive in the exam city two days before the exam.
- 3% of respondents recommend examinees arrive in the exam city three or more days prior to the exam.

Hotel

Recommended hotel

The InterContinental Hotel is located in the same complex as the ABP exam site. Due to the convenience of the location, we strongly recommend that you stay at this facility.

Intercontinental Hotel-Tampa
4860 West Kennedy Boulevard
Tampa, Florida 33609
Phone: (813) 286-4400

For reservations: (866) 915-1557
<http://www.intercontampa.com/>

InterContinental Price

Special ABP rate for 2011 is approximately \$200 per night.

- ABP recommends making reservations no later than 3 weeks in advance of your stay to ensure rate and availability.
- In order to receive the special ABP rate, you need to indicate you are taking the ABP exam when you make the reservation.
- Late check-out may be available depending on occupancy. An additional fee may apply.

InterContinental Amenities

Hotel

- Heated outdoor swimming pool
- 24-hour fitness center with weightlifting and cardio equipment

In-Room

- Alarm clock radio with iPod docking station
- Bathroom amenities
- Cable television
- Coffee maker and tea
- Complimentary high-speed wireless Internet access
- Hair dryer
- Iron/Ironing board
- In-room safe that accommodates laptop computers

Other hotels

Some residents stay at other hotels, including Ramada Westshore Tampa Airport (formerly Best Western), which is not far from the testing center and may be less expensive than the InterContinental.

Ramada Westshore Tampa Airport Hotel
1200 N Westshore Blvd
Tampa, FL 33607
(813) 282-3636
Reservations: (800) 272-6232
<http://www.ramadawestshore.com/>

Wyndham Westshore Tampa
700 N Westshore Blvd
Tampa, FL 33609
(813) 289-8200
Reservations: (800) 996-3426
<http://www.wyndham.com/hotels/TPAWH/main.wnt>

- If you have accumulated Wyndham points or wish to spend a little more, room upgrades may be available.

There are several other hotels in the vicinity. Choose the hotel with which you are most comfortable based on cost and location.

Dining

Tips

- To reduce exam-day stress, walk around the site the day before the exam and determine at which restaurant(s) you will eat on exam day.
- Bring your favorite snacks (granola bars, chocolate, crackers).
- Be sure to maintain normal nutritional status during the exam days.

Hotel dining

There are two options for in-hotel dining.

Name and Price Range	Meals Served	Notes
Shula's Steak House \$\$\$\$	Lunch, Dinner	Fine dining Reservations required No smoking
Room service \$\$\$	Breakfast, Lunch, Dinner	Hours of service are 6:30 am – 11:00 pm

Nearby dining

There are many options for dining near the hotel and exam site. There is a shopping mall across the street from the hotel. These restaurants have been recommended by past examinees.

Name and Price Range	Location	Meals Served
Essex \$	Same building complex as hotel	Breakfast, lunch
Panera Bread \$	Across from hotel	Breakfast, lunch, dinner
Starbucks \$	Very near hotel Additional location in Westshore Plaza (mall)	Coffee, pastries
Chipotle \$	Across from hotel	Lunch, dinner
Waffle House \$	Several blocks north of hotel	Full menu, 24-hours
Various fast food \$	Westshore Plaza (mall) food court	
Maggiano's Little Italy \$\$	Westshore Plaza (mall)	Lunch, dinner
Mitchell's Fish Market \$\$	Westshore Plaza (mall)	Lunch, dinner
Palm Restaurant \$\$	Westshore Plaza (mall)	Lunch, dinner
PF Chang's China Bistro \$	Westshore Plaza (mall)	Lunch, dinner

Exam Logistics

What to bring to Tampa

Some items you might want to bring for your personal comfort are listed below.

- Acetaminophen
- Allergy medicine
- Credit card
- Comfortable clothes (layered for temperature)
- Personal pillow – Particularly if you have difficulty sleeping in hotel beds
- Books or notes – Do not overload your suitcase. Bring only a few of your most important notebooks or textbooks.
- Snacks and drinks
- Sleeping pills

What to bring to the exam center

Bring these items with you to the exam, they will not be provided.

- Earplugs*
- Facial tissue
- Polarizers
- Wear comfortable, layered clothing – the room can get cold!

*Earplugs are available at the ABP testing center. For comfort, you may want to bring your own pair.

You will need the following items in order to gain entrance to the exam.

- Photo ID
- ABP-provided blue exam ID card. The ID card is issued by the ABP on the first day of the exam; you will need it to re-enter the room after breaks and on second day.

Bring to exam center, BUT cannot have at the desk

If you bring these items to the exam center, you will be asked to leave them in a basket by the entry; they will not be allowed at your exam desk.

ALL ELECTRONIC DEVICES SHOULD BE TURNED OFF!

- Cell phone, pager, or other electronic communication device
- Drinks
- Food/Snacks
- Prescription or over-the-counter drugs

What NOT to bring to the exam center

We recommend you do **not** bring these items to the exam center.

- Books
- Notes
- Calculator

Microscopes

The following information was taken from the ABP Web site.

"If you are taking an examination with a microscopic section, Nikon Alphaphot 2 microscopes with 10x widefield oculars, 4x, 10x, 40x, 100x oil immersion objectives, non-removable mechanical stages, abbe condensers, and built-in light sources will be provided in the ABP Exam Center. You may bring your own if you wish. If you bring your own microscope, include an extra bulb. **Ancillary microscopic tools (e.g. polarizing lenses, lens paper) will not be supplied by the ABP.** Please bring with you any and all ancillary microscopic tools that you believe you may need whether or not you bring your own microscope."

Lighting

Be aware, the overhead lights are dimmed for the image section of the exam. Sufficient background lighting is available.

Breaks during the exam

- Only one male examinee and one female examinee are allowed to take a restroom break at a time during the exam.
- Restroom breaks are **not** permitted during the last 10 minutes of a session.

Reference information

For more detailed and up-to-date information, each resident should read **General Examination Information** and **Instructions for Candidates**, including the **Booklet of Information**, available on the ABP Web site (<http://www.abpath.org>) – read these early and often.

Time Management

Respondents were asked about their advice regarding time management during the Boards.

- 31% Answer questions you know first
- 26% Prepare/start early/schedule/study plan
- 16% Watch time/pace yourself/keep moving
- 13% No issue with time
- 8% Go fast
- 6% Other

Selected Comments:

- Many of the respondents stated they had ample time during the boards.
- A recurrent theme/concept: do not get bogged down on any one question, make a selection and move on. Given the nature of the test, you will not know everything.
- Do not dwell on questions. Mark an answer for every question the first time through; then, go back to the questions you didn't know at the end.
- Answer the short questions first and save the antibody panels, calculations, etc. for last.
- "Read the answer choices first, this way, you can start thinking through the question as you read it. If a question is difficult, skip it and come back to it later. Sometimes questions later in the exam contain the answer to questions earlier in the section."

- Some individuals interpreted the question as time management for “preparing” for the Boards. Given this interpretation: many found Osler review valuable. Another suggestion was to actively learn (make flash cards, review table, etc) as opposed to passively listening to lectures/reading.
- Learn the material during residency. REVIEW what you learned 2-3 months before boards.
- “Don’t freak out and don’t give up!”

Virtual Microscopy and Images

Practice virtual microscopy

A brief practice exam is available on the ABP Web site (<http://www.abpath.org>). Select the **Virtual Microscopy Practice Examination** link.

The following CAP products offer the same virtual microscopy technology used in the ABP exams.

- PAP – two mailings each year contain access to online cases
- NGC – two mailings each year contain access to online cases
- DSPW – online digital slide program in surgical pathology
- DPATH – online digital slide program in Dermatopathology

To learn more about these products, search the CAP Web site (<http://www.cap.org>) for the product name.

Note: Do **not** wait until the last minute to practice and become familiar with the virtual microscopy. **ABP will be changing vendors for the 2012 exam – most likely Aperio.**

Exam Questions and Grading

Sample questions

At the beginning of the exam, sample questions are provided on the computer. These questions are designed to acclimate you to the computer navigation. They are **not** graded, and are **not** representative of the actual exam questions.

Question formats

Sample questions illustrating each question format are provided on the ABP Web site (<http://www.abpath.org>).

- Select **Instructions for Candidates**
- Select **Sample Examination Questions**

Exam scoring

Historically, exams were norm-referenced.

- This type of test determines a candidate’s placement on a normal distribution curve. That is what is being referred to with the phrase ‘grading on a curve’. Candidates **compete against each other** on this type of assessment.

- With norm-referenced tests, a representative group of candidates is pulled and used as a 'norm' group. The scores of all candidates completing the test are compared to those of this norm group.

Since 2006, exams have been criterion-referenced.

- Criterion-referenced tests determine "...**what test takers can do and what they know, not how they compare to others**" (Anastasi, 1988, p. 102).

Candidates compete only against themselves on this type of assessment.

- Criterion-referenced tests report how well students are doing relative to an expected performance level on a specified set of educational goals or outcomes.

Cost

- Effective for the 2010 examinations, all candidates for combined primary and subspecialty examinations will complete separate application and registration forms and pay the **\$1800 fee for each examination**.
- Respondents estimated their total costs for the Boards (including preparation materials, live courses, registration fees, travel, hotel, miscellaneous).
 - 6.2% spent less than \$2000
 - 8.2% spent \$2000 to \$2500
 - 20.6% spent \$2500 to \$3000
 - 22.7% spent \$3000 to \$3500
 - 18.6% spent \$3500 to \$4000
 - 23.7% spent more than \$4000

After the Exam

How did past examinees feel after the exam?

In answer to the question, "After you completed the exam, to what extent did you feel confident you had passed?" (2009)

- 0.2% indicated "not at all confident"
- 1.7% indicated "only slightly confident"
- 67.2% indicated "somewhat confident"
- 22.8% indicated "confident"
- 8.1% indicated "highly confident"

Note: Surveys were only sent to those who passed the exam.

Retaking the exam

The majority of respondents (82%) took their primary board certification exam once, and another 12% had taken it twice.

When asked about the single most important factor which allowed the respondent to pass the board exam on a subsequent attempt, the following responses were noted:

- 32% Preparation/study
- 18% Focus on CP only
- 14% Review courses
- 7% Focus/concentrate
- 29% Other

Selected Comments:

- More devoted study time (free from chief resident responsibilities, personal issues, family, illness, etc.)
- "The test report indicated what I was most and least successful in during the first attempt, allowing me to change study methods slightly but not particularly change study resources."
- Taking the AP and CP portion separately, rather than sitting for both at the same time
- "More systematic review of focused topics rather than trying to cover every detail."

Time-limited Certificates and MOC

As of January 1, 2006, all primary and subspecialty certificates issued by the ABP are time-limited and expire on December 31 ten years after they are issued. To maintain certification, pathologists must go through a process called MOC (maintenance of certification). This process involves documenting compliance with requirements for each of the 4 components of the MOC program.

Visit the ABP Web site at <http://www.abpath.org> and select the **Maintenance of Certification** link for more information.

Time-limited certificates and MOC apply to all medical subspecialties; each member board is responsible for planning the specific application of the requirements to their diplomates.

Basic components for assessing continuing competence

The four basic components for assessment of continuing competence are:

- Evidence of professional standing
- Evidence of commitment to lifelong learning and involvement in periodic self-assessment
- Evidence of cognitive expertise
- Evidence of evaluation of performance in practice

The ABP plan for assessing these four components is available at <http://www.abpath.org>.

CME mechanisms

Ongoing participation in CME events is a required part of the pathology MOC program (Part II: Life-Long Learning and Self-Assessment). The ABP is working with cooperating societies to accomplish the task of setting standards for CME and self-assessment programs.

The following are examples of CME mechanisms offered through the CAP:

- Annual Meetings
- Anatomic Pathology education programs (online, glass slide, and paper-based)
- Audioconferences
- Laboratory Accreditation Program education

Additional information about the CAP's CME programs can be found on www.cap.org.

GOOD LUCK!