

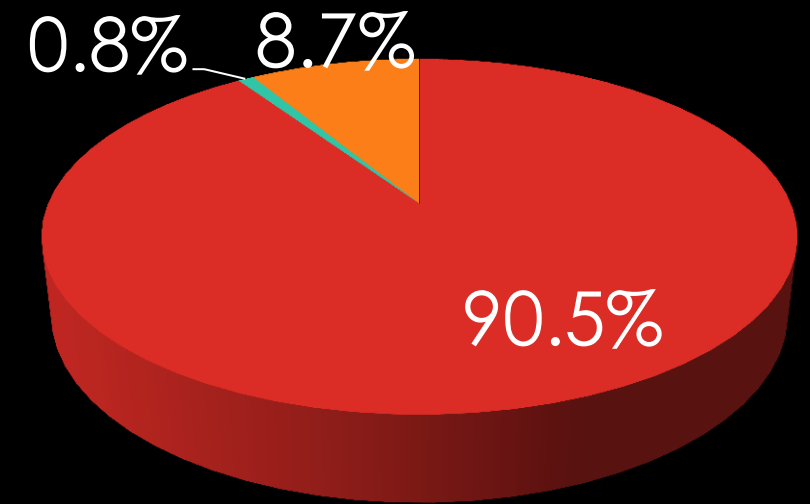
THE APDR/A³CR²/APCR CORE EXAM SURVEY

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Data do not represent the opinions or
endorsements of APDR/A³CR²/APCR

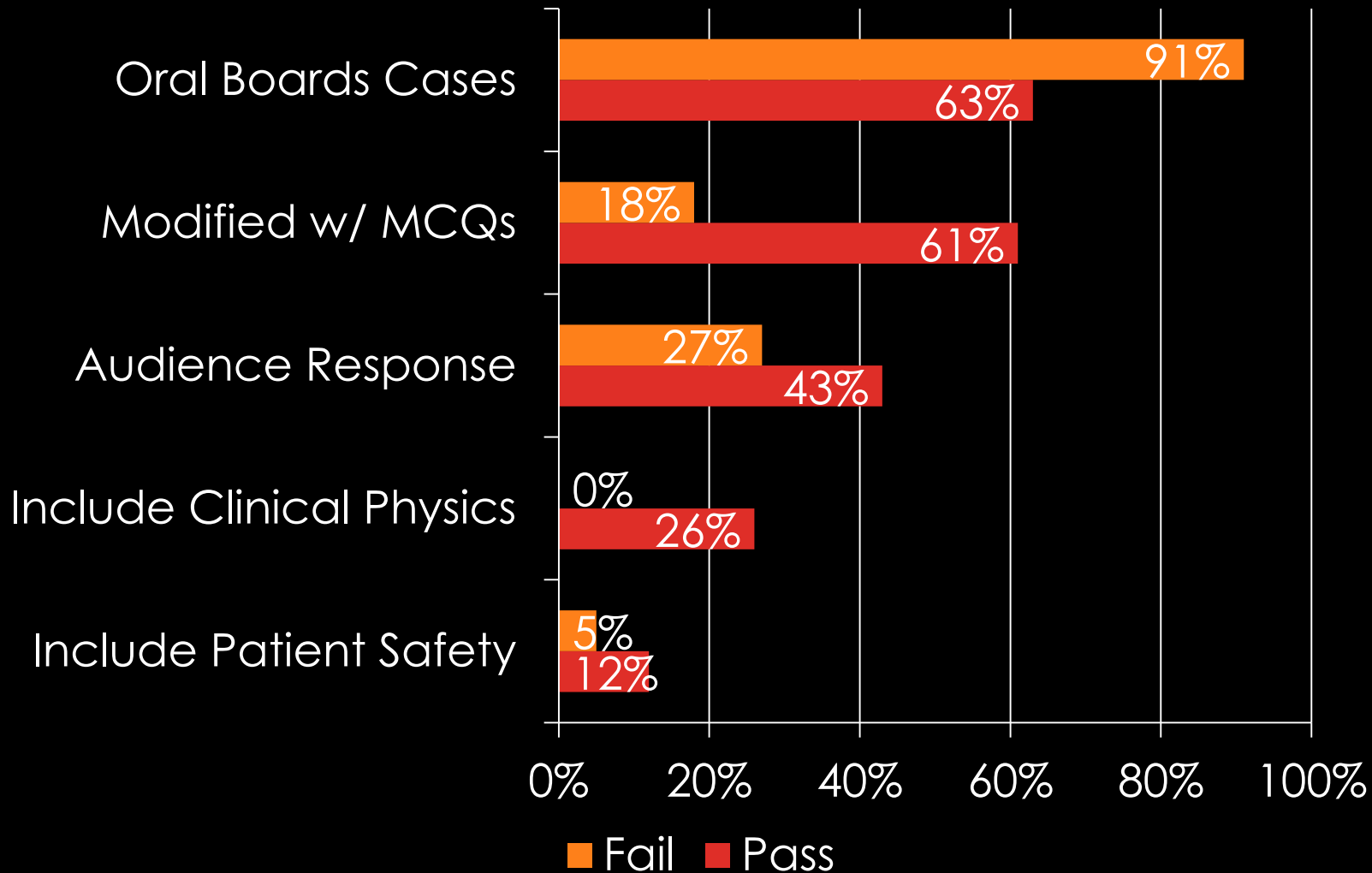
CORE EXAM SURVEY

- Identify effective study tools, review methods and practices for preparing for the ABR Core Exam
- 266 responses from 4th year residents
- 24 questions
- Many free form responses



■ Pass ■ Condition ■ Fail

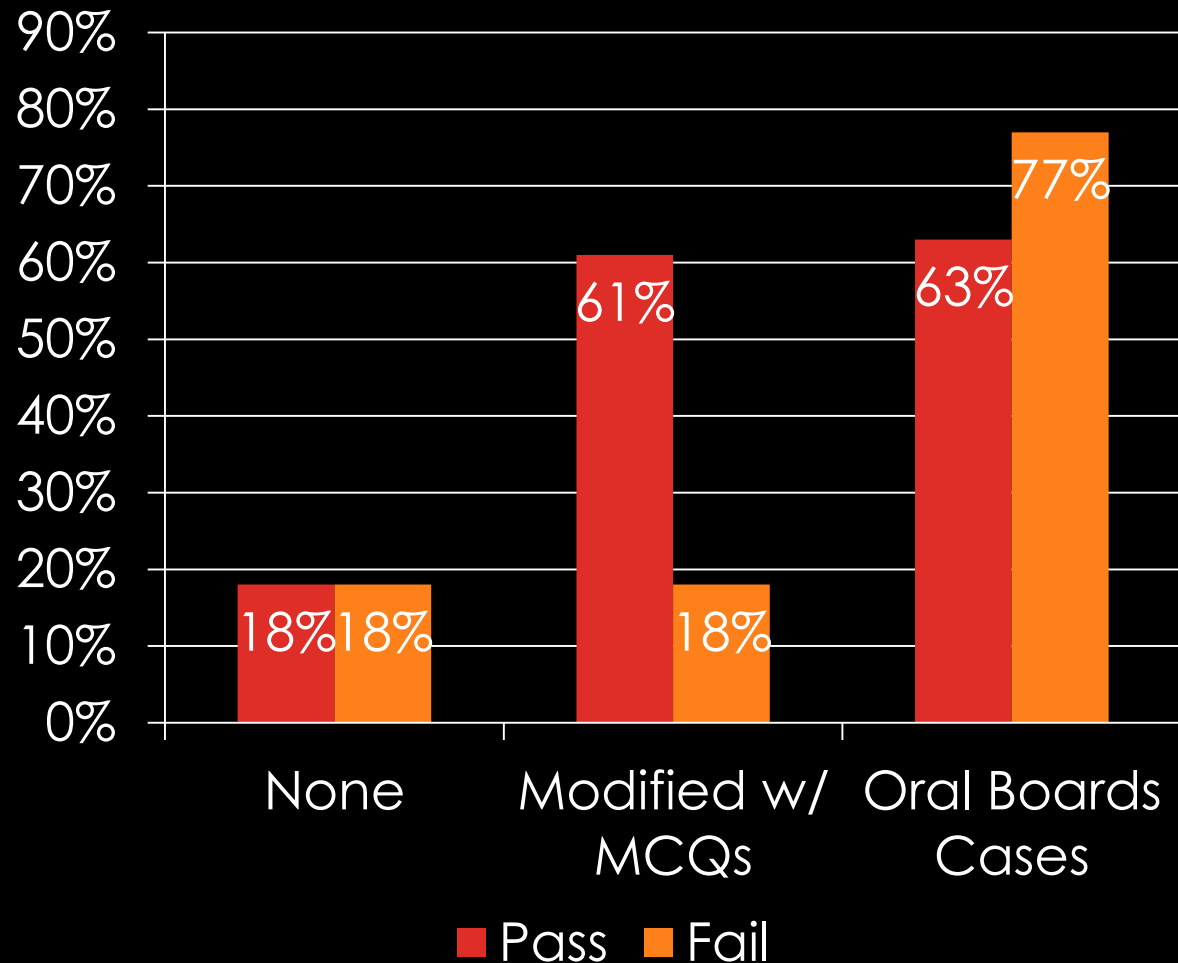
CASE CONFERENCES



- 10-15 cases per conference felt to be ideal by both groups
- Comments vary between preference for “hot-seat” versus MCQs

BOARD REVIEW

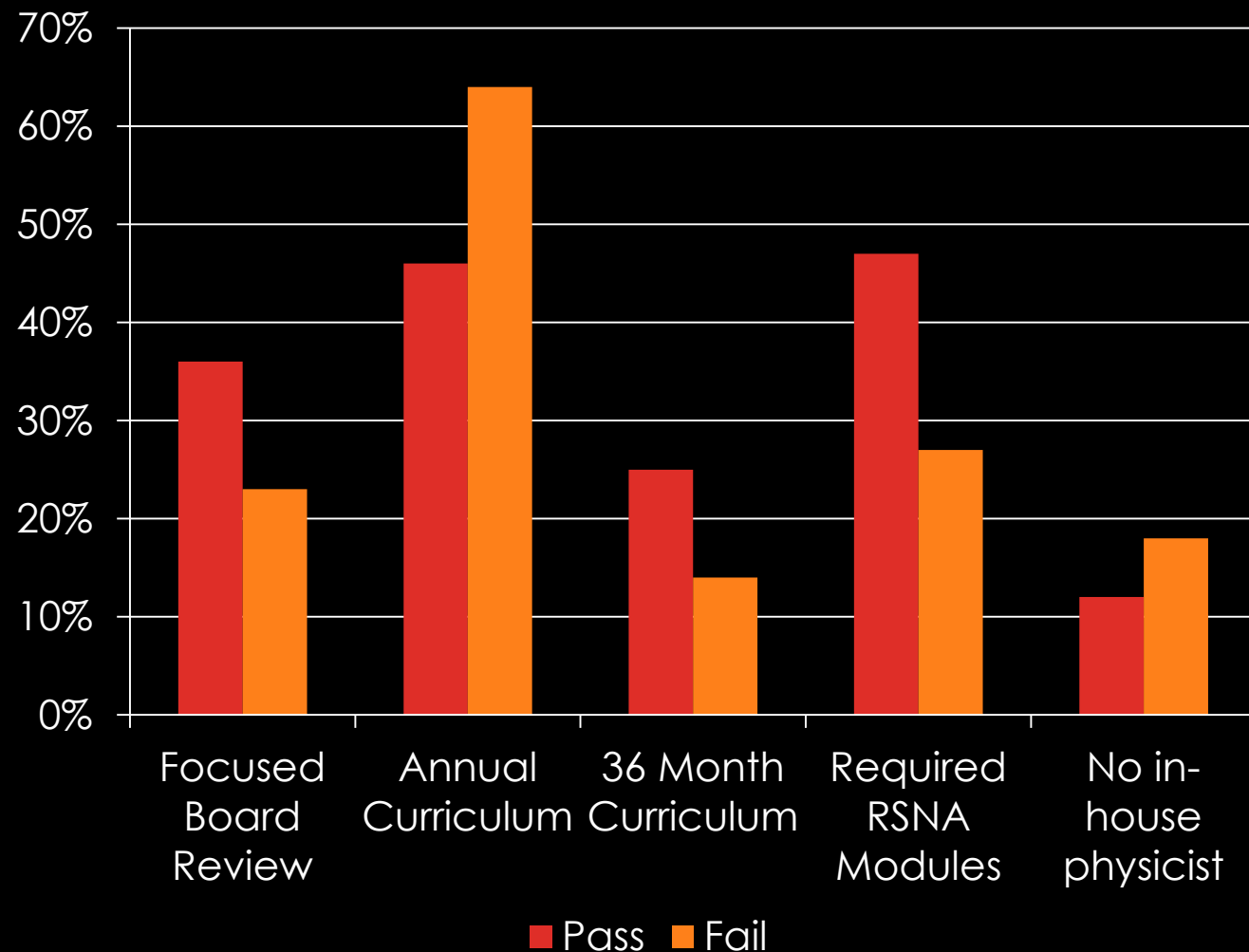
Internal Review



- 16-25+ cases per hour session felt ideal by both groups
- Fewer guest lecturers than before
- Slightly smaller proportion that passed (46%) attended an external review course than those who failed (57%)

PHYSICS CURRICULUM & REVIEW

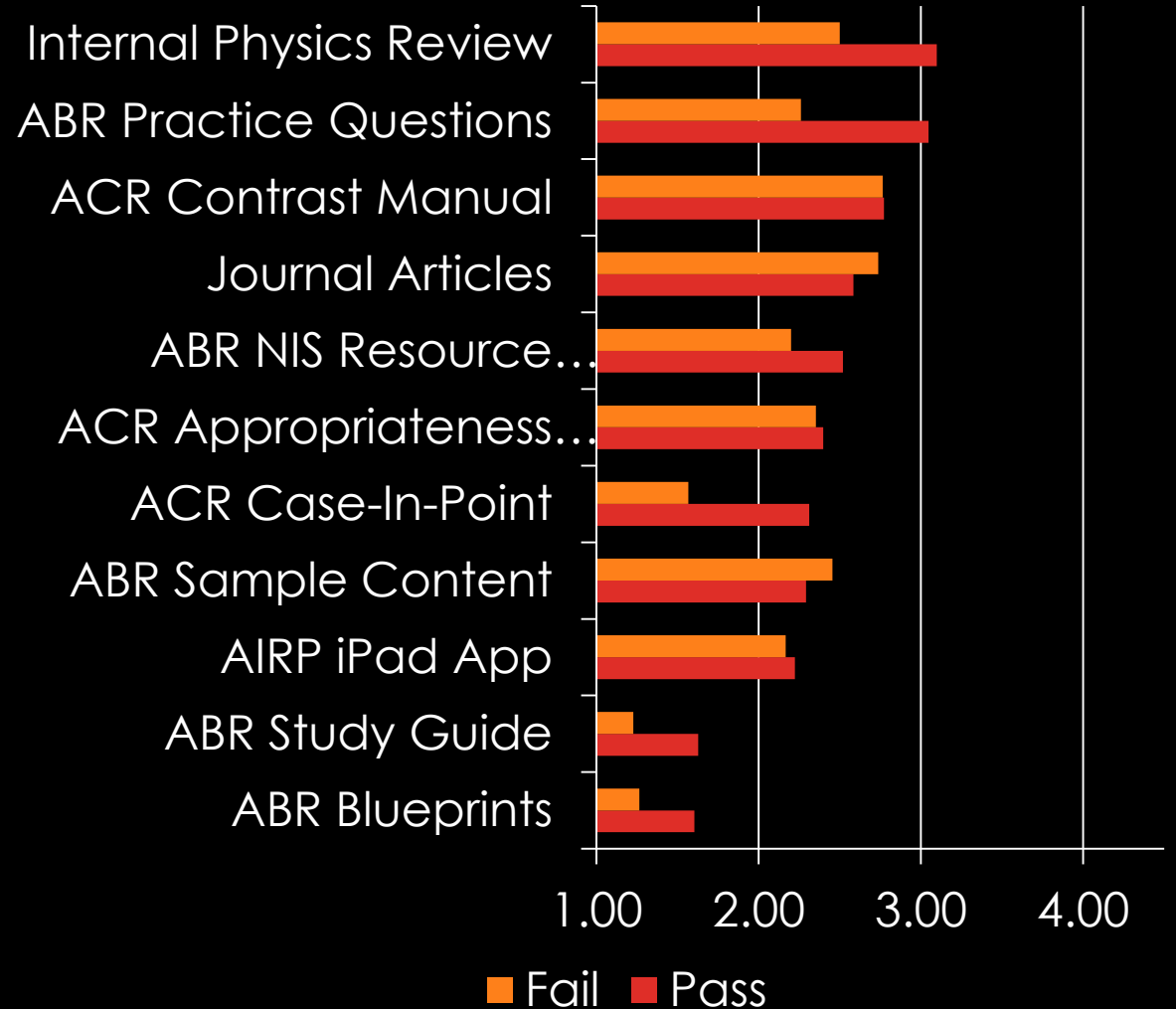
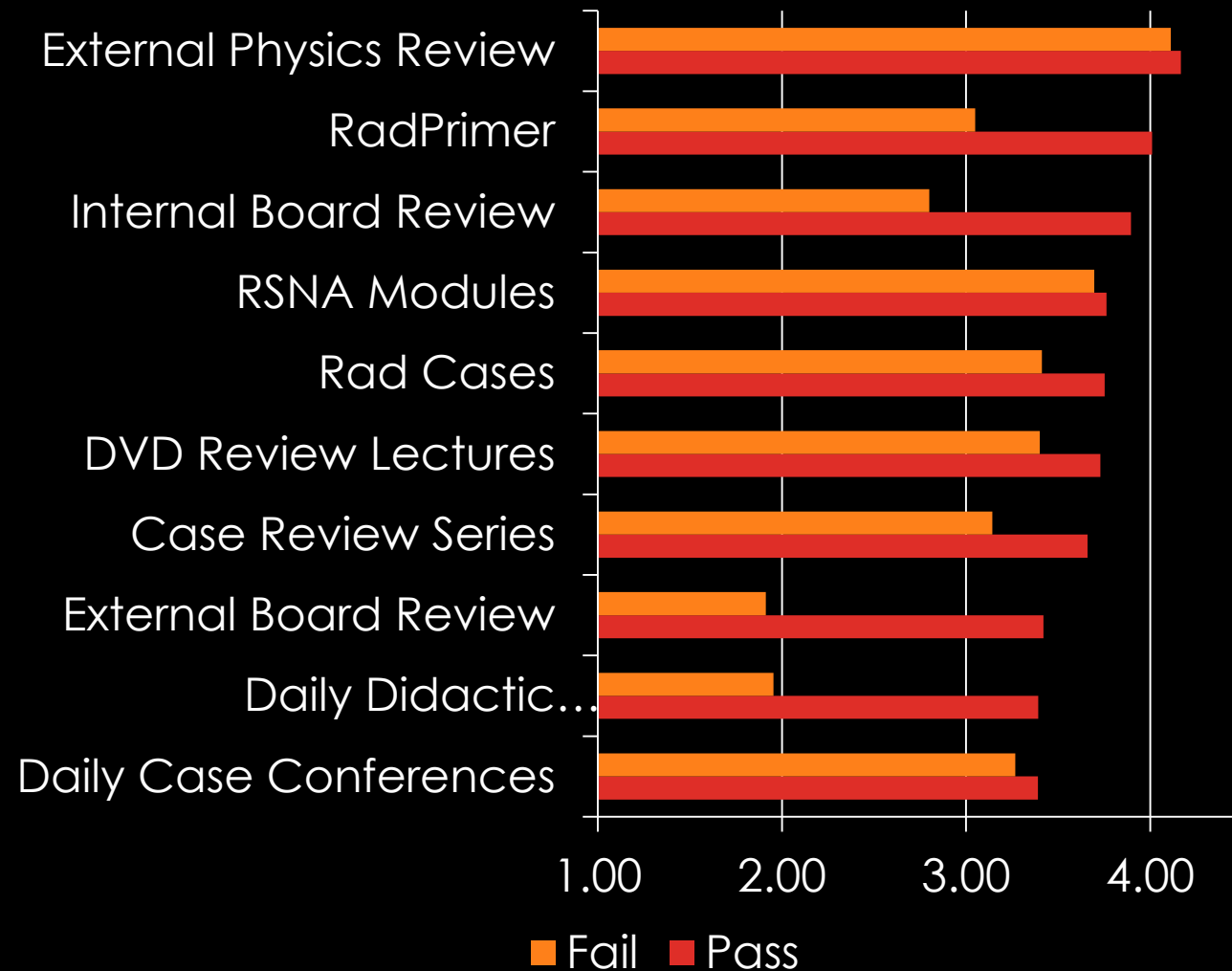
Internal Physics Review



- External physics review:
 - 60% who passed attended
 - 70% who failed attended

STUDY RESOURCES

• 1 = least helpful, 5 = most helpful



MISCELLANEOUS

- Multidisciplinary conferences
 - Most responded that they attended 1-4/month
 - 30% of those who failed attended no conferences
 - 16% of those who passed attended no conferences
- Noninterpretive skills (NIS) and patient safety
 - Several respondents did not know ABR NIS resource guide existed
 - ACR website, contrast manual, practice guidelines
 - No great outside resources; mostly experiential and common sense

FACTORS THAT WERE HELPFUL IN PREPARATION

- Practice MCQs, from RadPrimer, QEVLAR, Raphex
- Dedicated time to study
- Working hard, studying continuously, and being invested in learning the first three years of residency
- ABR Core Pilot exam for giving a sense of what to expect
- Other texts: Primer of Diagnostic Imaging, Aunt Minnie's Atlas, Top 3 Differentials, Specialty Board Review Radiology

FACTORS THAT CREATED DIFFICULTY

- Uncertainty as the first test-taking group, where to begin studying, scope of material
- ABR: Study Guide too broad; online questions too easy; Core Pilot misleading in terms of difficulty; misleading in describing a test of minimal competency that working hard and paying attention during residency would prepare
- Physics: Lack of good teaching during residency and resources to study for the exam

FACTORS THAT CREATED DIFFICULTY

- Programs: Faculty uncertainty regarding exam (treating it similarly to prior Physics or Written exam); no adjustment in style of board review; friction regarding time off to study; lack of exposure to Cardiac imaging
- Residents: Balancing time needed to study with clinical responsibilities, call
- Noninterpretive Skills: Guide overly long, minutiae from references tested
- Safety: Infrequently or never discussed during residency

R4 ADVICE FOR CORE EXAM

- Start physics early; read throughout residency; attend conferences; shadow techs; study Nuclear Medicine
- Practice MCQs; use case review type textbooks; complete the RSNA physics modules multiple times throughout residency
- Make a study plan and stick to it; save time at end; have an anchor resource that you annotate
- Limit your resources to high yield; review course(s)

R4 ADVICE FOR CORE EXAM

- Discover your program's (and your own) deficiencies early to identify what will require more self-study
- Try to build a solid foundation of physics (including nuclear medicine) prior to reviewing all the sections
- Read the noninterpretive skills guide, including the linked references

R4 ADVICE FOR RESIDENCY

- Study early (from day one) and often (every day, even if only for 30 minutes)
- Study and work hard; see as many cases as you can; “own” each service; read RadioGraphics; teach junior residents
- Approach residency with a purpose
 - Form your own impressions before reading out
 - Ask for teaching, don't just try to get the work done and let that be your only role
 - Ask questions; don't let others assume you know
 - Set goals for each rotation
 - Take evaluations of others seriously
 - Push for change when appropriate

R4 ADVICE FOR RESIDENCY

- “Read about cases as you see them. Talk to referring physicians and learn what is important to them re: your interpretations. Try to have fun.”
- Have both old oral style conferences and multiple choice conferences throughout all 4 years, emphasizing case-taking initially and MCQs later in residency
- Don't make excuses. Residency is your chance to make mistakes and learn from them

ABR SCORE REPORT: COMMENTS

- Compare scores with testing cohort, statistical analysis made more transparent (standard deviation, quartiles, etc.)
- Score report for Core Pilot was more informative
- Unclear what constitutes a Fail vs Condition vs Pass; Vague; hard to determine specific areas of weakness
- Insufficient for residents who failed
 - How badly did they fail (how much do they need to improve)?
 - Did they perform poorly on “easy” questions, “hard questions,” etc?
- Three months for an exam score report seems excessive

OPPORTUNITIES

- Physics: Integrate the RSNA Physics modules and clinical physics into the curriculum
- Conferences and Review Sessions: Modify the format; integrate physics, non-interpretive skills when possible
- Residents: Make a study plan and start physics early
- Multidisciplinary conferences
- ABR: Study guide, NIS resource, Core Exam report

THANK YOU

*A special thanks to all fourth year radiology residents
who completed the workgroup Core Exam survey!*