Mock-Oral Exams: A vital and effective tool in training tomorrow's physicians

Joseph Patruno MD
Lehigh Valley Health Network, Joseph_E.Patruno@lvhn.org

Mary Fullington
West Chester University of Pennsylvania

Hubert K. Huang
Lehigh Valley Health Network, hubert_k.huang@lvhn.org

Kristin Friel MD
Lehigh Valley Health Network, Kristin.Friel@lvhn.org

Amanda B. Flicker MD
Lehigh Valley Health Network, amanda_b.flicker@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/research-scholars-posters

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Introduction

- The ABMS requires physicians in 18 out of 24 medical specialties pass an oral examination for board certification (1).
- Oral exams evaluate communication skills, problem-solving abilities, and overall clinical competence (2,3).
- Previous criticism for a lack of objectivity and inter-rater reliability, but recent studies show that oral examinations are consistent and correlate with other methods of evaluation (2,4).
- LVHN OB/GYN residency program employs annual mock-oral examinations for residents to prepare for board certification.
- Previous reports have indicated that mock-oral examinations are beneficial to residents in a variety of programs (5).
- The ACGME evaluates resident mock-oral performance during annual review of ACGME-accredited residency programs.
- Study Objective: To evaluate our mock oral examination program in regards to its consistency with other methods of assessment, as well as to evaluate the level of resident satisfaction with the program. Resident mock-oral performance will be compared with CREOG scores, self-evaluations, and satisfaction survey results in a retrospective analysis to determine the respective correlations.

Methods

- LVHN OB/GYN residents annually undergo two hour mock oral examinations.
  - Assigned a grade of Pass, Marginal, or Fail.
  - 4 subjects: general knowledge, ambulatory care, obstetrics, and gynecology.
- Residents take the CREOG, a national subspecialty exam administered to all OB/GYN residents.
  - 180 questions covering general knowledge, ambulatory care, obstetrics, gynecology, reproductive endocrinology, gynecologic oncology, and genetics and genomics.
  - Scores for each section based on a Gaussian curve, 200 is the national mean, and scores for each year are determined based on each resident’s percentile and PGY level.
- From 2009 through 2014, LVHN OB/GYN residents predicted their mock oral performance. They also completed a survey to evaluate their satisfaction with the mock oral program.
  - We were interested in how well students felt they prepared for the mock oral, and how educationally valuable they thought the experience was.
  - Residents were asked to judge these factors on a 10-point Likert scale (1 = not valuable, 10 = extremely valuable).
- Study data: mock-oral and CREOG scores in the subjects of ambulatory care, obstetrics, and gynecology for residents from 2009 through 2014, along with predicted performance and reported level of preparedness and educational value.
- Statistical analysis: Spearman’s rho correlations between mock-oral performance and predicted performance, CREOG score, level of preparedness, and reported level of educational value using SPSS 16.0.

Results

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Correlation Coefficient</th>
<th>p-value</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mock Oral Performance v. Resident</td>
<td>0.577</td>
<td>&lt;.001</td>
<td>318</td>
</tr>
<tr>
<td>Mock Oral Performance v. CREOG Score</td>
<td>-0.578</td>
<td>&lt;.001</td>
<td>318</td>
</tr>
<tr>
<td>Mock Oral Performance v. Level of Preparedness</td>
<td>-0.202</td>
<td>&lt;.001</td>
<td>318</td>
</tr>
<tr>
<td>Mock Oral Performance v. Educational Value</td>
<td>-0.196</td>
<td>&lt;.001</td>
<td>318</td>
</tr>
</tbody>
</table>

Discussion and Conclusion

- Moderately strong correlation between mock-oral performance and CREOG scores.
  - Shows validity of oral examinations in assessing clinical competence.
  - Demonstrates a high level of oral examination objectivity.
  - Weaknesses – many scores belonged to the same resident, only LVHN OB/GYN residents.
- Moderately strong correlation between mock-oral performance and predicted performance.
  - Indicates a high level of self-awareness in LVHN OB/GYN residents.
  - Oral exams can assess strengths and weaknesses.
  - Possible bias as half of residents receive CREOG scores before the mock-oral exams.
- Weak correlation between mock-oral performance and self-assessed level of preparedness.
  - Oral exams assess more than knowledge: they assess communication skills that can’t be easily studied.
  - Speaks to the criticality of oral examinations.
- Weak correlation between mock-oral performance and level of educational value.
  - Mostly high ratings regardless of performance, indicates importance of employing mock-oral examinations for resident education.
  - Correlation, although weak, shows that residents who perform poorly tend to rate the mock-oral exams higher in regards to educational value.
- Implications:
  - Standardized cases for mock-oral exams at all institutions.
  - Multi-institutional mock oral programs with raters from different residency programs.

REFERENCES


© 2014 Lehigh Valley Health Network