Examiner's Guide to ABFPRS Oral Protocols

CONTENTS	PAGE
Introduction	2
The Structure of the Oral Examination	2
Administration of the Oral Examination	2
• Examining Guidelines	
• Scoring Guidelines	
Potential Scoring Biases	4
SAMPLE Rating Form - Oral Session 1	5
SAMPLE Rating Form - Oral Session 2	7
SAMPLE Rating Form - Oral Session 3	9

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INTRODUCTION

This examination is intended to test the knowledge of surgeons who are seeking certification by the ABFPRS, fellows who have completed their AAFPRS Foundation fellowship, and candidates for certification through the International Federation of Facial Plastic Surgery Societies. The examination has two parts: written and oral.

The written examination covers many topics and focuses on recall, interpretation, and problem-solving in a multiple-choice test format.

The oral examination is intended to give each examinee the opportunity to discuss and solve a variety of patient problems.

The written and oral examinations are viewed as complementary processes and provide valuable information from the examinee in two very different ways.

STRUCTURE OF THE ORAL EXAMINATION

The oral examination is given in three 50-minute sittings. Each examinee is examined by a different examiner in each 50-minute session.

In each 50-minute session, the examinee is asked to respond to four oral protocols, with a total of 12 protocols being administered during the three sessions. Each protocol consists of a patient problem and some related information about the patient. The examinee is asked a series of questions about the patient problem.

Preparation

Before each session begins, examiners should have all materials ready for the examinees they are scheduled to examine. Examinees are usually divided into cohorts, and the order of administration of the 12 protocols is outlined below.

Sunday

9:00 a.m. - 9:50 a.m.	Protocols 1 - 4	Cohort 1
8:50 a.m. - 9:00 a.m.	Break	
10:00 a.m. - 10:50 a.m.	Protocols 5 - 8	Cohort 1
9:50 a.m. - 10:00 a.m.	Break	
11:00 a.m. - 11:50 a.m.	Protocols 9 -12	Cohort 1
11:50 a.m. - 12:50 p.m.	Lunch	
1:00 p.m. - 1:50 p.m.	Protocols 1 - 4	Cohort 2
1:50 p.m. - 2:00 p.m.	Break	
2:00 p.m. - 2:50 p.m.	Protocols 5 - 8	Cohort 2
2:50 p.m. - 3:00 p.m.	Break	
3:00 p.m. - 3:50 p.m.	Protocols 9 -12	Cohort 2
4:00 p.m. -5:00 p.m.	Debriefing	

ADMINISTRATION

At the beginning of each 50-minute session, the examiner checks the examinee's room assignment, session time, and identification number against the information provided on the examiner's personal schedule. The examiner then:

- Writes the examinee's identification number and his or her own identification number on the oral rating form.
- Hands the examinee the "Examinee Information" sheet for the first protocol and lets him or her read it.
- Begins questioning the examinee, using the line of questioning provided and providing photographs as indicated on the "Examiner Information" sheets.

Examiners should:

- Administer each of the session's four protocols in order.
- Take about 10 minutes for each protocol.
- Stay on schedule.

If the examinee does not give a full or complete answer, examiners may probe with additional questions. If the examinee rambles, the examiner may interrupt and ask another question or a leading question to get the examinee to make his or her point.

Ten minutes before the end of the session, there will be a warning knock on the door. At this time, questioning should be wrapped up and examiners should prepare to dismiss their examinees. A second knock on the door will signal that the session is over.

When the second knock is given, examinees should be dismissed courteously. Do NOT make any comments about an examinee's performance. If they ask, simply tell them that they will be informed about their performance when scoring is completed during the next month.

After the examinee is dismissed, examiners should complete the rating form for the four protocols, giving each protocol a separate score.

Examining Guidelines

1. The mission of an examiner is to determine as much as possible about the examinee's capabilities. This is best done by assessing how much ability the examinee has, rather than by focusing on what the examinee cannot do.

2. Oral examinations are stressful for most examinees, some of whom experience extreme anxiety. Every effort should be made to put the examinee at ease to eliminate this negative aspect of the testing situation.

3. Examinees have been told that examiners know nothing about them except their ID number and name, and also have been told not to volunteer information regarding their training, specialty, type, or location of practice. Please do not inquire into these areas.

4. Smoking is not permitted during an exam session.

5. Speak directly with the examinee, and avoid seeming indifferent. Try to carry on the examination as you would a dialogue (i.e., don't simply read from the Examiner Information sheets.)

6. Do not expect an examinee to answer every question or exhibit as much skill as the examiner.

7. Allow for various means to a solution; the examinee need not follow yours.

8. Ask questions clearly and precisely. Avoid vague or rhetorical questions since it may be difficult to evaluate the correctness/incorrectness of the examinee's answers. Make sure that the examinee responds to the question you asked. Restate the question in different terms if the examinee did not understand it, but do not persist in repeating it if the examinee clearly does not know the answer.

9. Do not provide clues to the answers and avoid leading questions.

10. If the examinee solves problems easily or, conversely, if the examinee blocks completely, do not dwell on these defined strengths or weaknesses; move on to other topics. Do not allow the examinee to continue on what is clearly a wrong or inappropriate course or action. On the other hand, do not "lead" the examinee.

11. Examinees occasionally ask unanticipated questions, and examiners must "ad-lib." If these questions are irrelevant or immaterial, the examiner should answer in a vague or nonspecific way; sometimes "I don't know" or "that information is unavailable" is best.

12. Signals of approval or disapproval can significantly alter subsequent performance. Do not give the examinee verbal or nonverbal signals for individual responses or overall performance. You should maintain a warm and friendly demeanor rather than a completely stoic, stone face, and certainly avoid any demonstration of hostility or ridicule.

13. Avoid aggressive, punitive, or argumentative comments, since they do not help the examiner learn anything about the examinee's problem-solving ability.

14. Do not attempt to correct or teach. The examiner may not want the examinee to go away with misinformation, but correcting the examinee will consume time, raise anxiety, and may adversely influence subsequent performance.

15. Don't rush the examinee's answers or unnecessarily interrupt responses. Allow sufficient time for answering, but conversely be aware of an examinee's attempt to divert or stall.

16. Avoid questions that allow for a "yes" or "no" answer and minimize those that require cognitive information as the response. The written examination is designed primarily to cover this aspect. Organize and phrase your questions in a way that is "problem-solving" oriented.

17. Avoid changes in your examination style and expectations as the examination sessions progress from morning to afternoon.

18. Avoid your own pet prejudices and unique interests.

19. Avoid excessive writing while the examinee is talking, and if you feel you must write down a score while the examinee is in the room, **DO NOT ALLOW THE EXAMINEE TO SEE THE SCORE!**

Scoring Guidelines

Sample rating forms appear at the end of this booklet. There is a separate form for each session and its four protocols.

The rating scale enables oral examiners to evaluate oral performance on each protocol and record the level of performance in a structured and unbiased manner. The rating scale has seven rating points, to cover the full range of possible responses by examinees. Examiners should use the full range of the scale if performance justifies such use. In other words, if an examinee truly gives a superb, expert response, give the highest rating (7). If an examinee cannot answer the question at all, give the lowest rating (1). If an examinee gives a minimally acceptable answer, use the middle rating (4).

No examinee will fail on the basis of his or her performance on a single protocol. Each examinee will have a total of 12 protocols to answer. A poor response to one protocol can be balanced by a good response to another.

After the four ratings for the examinee have been completed, put the rating form in the envelope labeled "Examinee Rating Forms" for the oral session just completed. After seeing all examinees scheduled for each session, deliver the envelope and all other materials to an ABFPRS staff person.

Examiners should NOT discuss performances of examinees with anyone. To ensure the integrity of the examination, confidentiality must be maintained at all times.

POTENTIAL SCORING BIASES

Any time human judgment is involved in evaluating performance, there are a number of biases that can threaten the validity of the rating process and can affect the rating an examinee receives.

In fairness to the examinee and the examination process, it is important that you be alert to the threat of bias and understand the consequence of biased ratings on an examinee's future.

A discussion of possible biases follows:

Severity

A severe rater is one who is characteristically harsh on examinees. The severe rater is consistently several points lower than the average of all other raters. While standards will always vary among any group of examiners, severity is a very injurious type of bias because severity will often result in a lower score for an examinee. If an examinee is unlucky enough to get more than one severe rater and the examinee is borderline in his or her performance, the examinee might be competent and actually fail. Of course, well-prepared and highly competent examinees will not suffer as much from a severe rater.

Leniency

This is the tendency to give ratings higher than the examinee deserves. The lenient rater is typically several rating points higher than average. This kind of bias is serious because if an examinee is marginally incompetent, a lenient rater's scores can pass an examinee.

Central Tendency

This tendency is to give ratings at the middle of the scale, in this case a rating of 4. The source of the problem of medial ratings is probably that the rater tends to classify everyone alike or is afraid of the biases of severity or leniency. To avoid this tendency, use the full range of the scale and allow yourself to rate freely throughout the scale.

Logical Error

This tendency is to think that something you are rating is actually like something else. It is an error of perception. In reference to the oral protocols, you are asked to use your expertise in examining the response of the examinee relative to the responses written on your protocol form under each question. To combat this type of error, you are asked NOT to generate your own response but to "follow the script" so that every examinee has the same examination experience.

Halo and Proximity

These two types of errors are part of human nature. Even though you are asked to independently rate performance on each of four protocols, there is a tendency to be swayed in your judgment by the first impression (halo). This is a very natural tendency to think that if the first performance of the examinee is good, then all others will be good, or if the first performance is bad, then all others will be bad.

Proximity is similar in that there is a tendency to rate alike performances on protocols that are adjacent to each other. That is, the rating for protocol #2 tends to be like the rating for #3, the rating for #3 tends to be like the rating for #4. The best defense against halo and proximity biases is to rate each performance independently.

Response Set

This is the tendency to mark in a pattern, usually the same response time after time. The response set may be due to rater disinterest or simply an unconscious act. To avoid response set, one needs to simply evaluate each response independently of other responses.

Idiosyncratic

This is the tendency to give ratings that are wild, fluctuating, and unpredictable. Such ratings are serious indeed and indicate a lack of commitment or ability in performing the ratings. These are very rare in oral examinations.

Other Biases

There is a family of biases in rating that often occurs when human judgments are involved and that can be serious threats to the validity of any examination program.

Gender: Men and women may receive different scores despite similar performances.

Ethnic: Foreign medical graduates or minority group members may be given lower scores than expected based on their written test results.

Physical appearance: There is a tendency to give higher ratings to members of the opposite sex who are physically attractive. This also generalizes to such cosmetic factors as hairstyle, height, weight, clothing, and grooming, among many other irrelevant factors.

Source of training/alma mater/background: Under NO circumstances should this enter into discussion with an examinee or be influential in rating an examinee.

ABFPRS Examination

Rating Form • Oral Session 1 • Protocols 1 - 4

Instructions: Circle or fill in the blank for each section.

1. Examinee Identification Number: ____________________

2. Oral Examiner Identification Number: ____________________

3. Session: Sunday 9:00 a.m. - 10:00 a.m. (Cohort 1)
Sunday 1:00 p.m. - 2:00 p.m. (Cohort 2)

4. Oral Protocol #:				**Score:**			
1	1	2	3	4	5	6	7
2	1	2	3	4	5	6	7
3	1	2	3	4	5	6	7
4	1	2	3	4	5	6	7

NOTE: Protocols are to be graded separately, not as a group. Circle the appropriate rating you ascribe for each protocol given, according to the following rating scale:

7 = OUTSTANDING PERFORMANCE - Response to protocol was what might be expected from an **outstanding** facial plastic surgeon.

6 = VERY GOOD PERFORMANCE - Response to protocol was what typically might be expected from a **highly competent** facial plastic surgeon.

5 = GOOD PERFORMANCE - Response to protocol was what typically might be expected from a **competent** facial plastic surgeon.

4 = MARGINAL PERFORMANCE - Response to protocol was what typically might be expected from a **barely competent** facial plastic surgeon.

3 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** professional practice.

2 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** and **unsafe** professional practice.

1 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** and **unsafe** professional practice, and **no clinical comprehension** of the problem.

5. Comments: Please note any examination irregularities or observations about the examinee.

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TURN OVER TO MAKE FURTHER COMMENTS OS1 - WHITE

ABFPRS Examination

Rating Form • Oral Session 2 • Protocols 5 - 8

Instructions: Circle or fill in the blank for each section.

1. Examinee Identification Number: ______________________________

2. Oral Examiner Identification Number: ______________________________

3. Session: Sunday 10:00 a.m. - 11:00 a.m. (Cohort 1)
Sunday 2:00 p.m. - 3:00 p.m. (Cohort 2)

4. Oral Protocol #:				Score:			
5	1	2	3	4	5	6	7
6	1	2	3	4	5	6	7
7	1	2	3	4	5	6	7
8	1	2	3	4	5	6	7

NOTE: Protocols are to be graded separately, not as a group. Circle the appropriate rating you ascribe for each protocol given, according to the following rating scale:

7 = OUTSTANDING PERFORMANCE - Response to protocol was what might be expected from an **outstanding** facial plastic surgeon.

6 = VERY GOOD PERFORMANCE - Response to protocol was what typically might be expected from a **highly competent** facial plastic surgeon.

5 = GOOD PERFORMANCE - Response to protocol was what typically might be expected from a **competent** facial plastic surgeon.

4 = MARGINAL PERFORMANCE - Response to protocol was what typically might be expected from a **barely competent** facial plastic surgeon.

3 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** professional practice.

2 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** and **unsafe** professional practice.

1 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** and **unsafe** professional practice, and **no clinical comprehension** of the problem.

5. Comments: Please note any examination irregularities or observations about the examinee.

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TURN OVER TO MAKE FURTHER COMMENTS

OS2 - BLUE

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ABFPRS Examination

Rating Form • Oral Session 3 • Protocols 9 - 12

Instructions: Circle or fill in the blank for each section.

1. Examinee Identification Number: ______________________________

2. Oral Examiner Identification Number: ______________________________

3. Session: Sunday 11:00 a.m. - 12:00 p.m. (Cohort 1)
Sunday 3:00 p.m. - 4:00 p.m. (Cohort 2)

4. Oral Protocol #:				Score:			
9	1	2	3	4	5	6	7
10	1	2	3	4	5	6	7
11	1	2	3	4	5	6	7
12	1	2	3	4	5	6	7

NOTE: Protocols are to be graded separately, not as a group. Circle the appropriate rating you ascribe for each protocol given, according to the following rating scale:

7 = OUTSTANDING PERFORMANCE - Response to protocol was what might be expected from an **outstanding** facial plastic surgeon.

6 = VERY GOOD PERFORMANCE - Response to protocol was what typically might be expected from a **highly competent** facial plastic surgeon.

5 = GOOD PERFORMANCE - Response to protocol was what typically might be expected from a **competent** facial plastic surgeon.

4 = MARGINAL PERFORMANCE - Response to protocol was what typically might be expected from a **barely competent** facial plastic surgeon.

3 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** professional practice.

2 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** and **unsafe** professional practice.

1 = FAILING PERFORMANCE - Response to protocol indicates **incompetent** and **unsafe** professional practice, and **no clinical comprehension** of the problem.

5. Comments: Please note any examination irregularities or observations about the examinee.

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TURN OVER TO MAKE FURTHER COMMENTS

OS3 - YELLOW

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