



Policy on Data Acquisition for Test Content

BACKGROUND

The specialty of Emergency Medicine has a novel process that informs the identification of core content and, subsequently, the ABEM multiple choice question and Oral Exam blueprints. The American Board of Emergency Medicine (ABEM) coordinates an every-three-year review of the core content in Emergency Medicine: *The Model of the Clinical Practice of Emergency Medicine* (EM Model). That process includes input by every major Emergency Medicine organization membership society, which review the content and provide recommendations to the EM Model. Recommendations for revision are considered and integrated during an all-day, in-person national conference of approximately 15 representatives, of whom all are clinically active emergency physicians. The proposed revisions are then reviewed by the Boards of each Emergency Medicine organization (approximately 150 physicians). A final draft is voted for approval by the ABEM Board of Directors. This every-three-year revision process serves many, but not all, of the functions of a job analysis for ABEM. The following policy has been adopted to close that gap by allowing the Emergency Medicine community-at-large to provide input in multiple ways and at multiple times.

POLICY

It is the policy of ABEM that accompanying every-other EM model revision (every six years), it will survey its physician volunteer pool of clinically active emergency physicians for importance and frequency data about disease conditions as well as physician tasks. ABEM will gather a sufficiently representative sample using surveying methods approved by its accrediting body. In addition, when ABEM proposes revisions to the exam blueprint (based on the survey data), it will provide public notice of a 60-day public comment period for feedback from the Emergency Medicine community-at-large.

Examination Blueprint

Under the assumption that EM Model revisions will be supported by a job analysis survey to support them, the ABEM Board will review and revise the examination blueprint every two EM Model revision cycles (every six years). Using the results of the job analysis survey, the Test Development Committee will be presented with a quantitatively derived revision to its current blueprint.

Though the Committee or Board may make whatever changes it then wishes to adjust the content distribution of its assessments, during the last revision to its examination blueprint, the Board chose to seek the input and endorsement of the field through public comment. While this goal was laudable, the Board did not receive any comments by posting the blueprint to its website.

To ensure that diplomate-stakeholders provide their input to the Board, ABEM will seek the input of a random sample of ABEM-certified physicians. ABEM will obtain the input of a sufficiently representative sample of physicians prior to final analysis, discussion by the Test Development Committee, and ultimate adoption by the Board of a new blueprint.

Implementation, Standard Setting, and Due Notice

A vital next step to the process is implementation of content revisions. This involves three elements: 1) test content classification and vetting (coding and deletion); 2) standard setting; and 3) due notice to potential test takers.

It is important that the field receive due notice of a change in the content of the assessments it takes to earn and maintain certification. Doing so increases diplomate and candidate awareness and increases fairness of the Board’s assessments. Due notice will include both posting changes to the Board’s website as well as direct communication to potential test takers.

The test content revision implementation schedule is summarized in Table 1.

Table 1. Test Content Revision Implementation Plan.

Year	Activity
1	If required, recoding of items and due notice year
2	If required, standard setting
3	EM Model interim update
4	KSAs update
5	Job Analysis Survey, inclusive of KSA changes
6	EM Model update, blueprint draft, public comment solicitation, and finalization

PROCEDURES

Feedback to proposed changes to the EM Model will be given through a publicly accessible website portal. ABEM will post any resulting proposed blueprint revisions for public comment after its summer Board meeting following the national meeting of Emergency Medicine organizations to review the EM Model.

EXCEPTION

None

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