



CESMA spring meeting

Lisbon - Portugal



The new trend in the EBOT Examination

relevance of clinical part II

EBOT examination in 2016

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EBOT examination in 2016



- ☐ **introduction**
- ☐ **interim and final exam 2015**
- ☐ **clinical exam - why, how and when**
- ☐ **changes for the future in the EBOT Exam – 2016**
- ☐ **conclusions**



EBOT examination in 2016



▣ **introduction**

● **the European reality**

Europe as a continent is a collection of countries with different backgrounds

The standards of medical education from undergraduate to resident training, postgraduate training and to professional competence are high but vary across different countries

The standards of speciality training are also very demanding but different among all European countries



EBOT examination in 2016



☐ are we double checking ?

● let's look at our data from the EBOT **PAST DATA**

Exam Year	Venue	N° Candidates	Pass	Fail	%
2001	Rhodes - Greece	11	8	3	73%
2002	Stockholm - Sweden	16	10	6	63%
2003	Amsterdam – Netherlands	12	9	3	75%
2004	Berlin - Germany	15	10	5	67%
2005	Madrid - Spain	10	5	5	50%
2006	Torino – Italy	18	12	6	67%
2007	Vienna - Austria	12	7	5	58%
2008	Geneva – Switzerland	13	6	7	46%
2009	Brussels – Belgium	31	15	16	48%
2010	**Lisbon – Portugal	35	25	10	72.5%
2011	**Paris – France	60	39	21	66.5%
2012	**Dublin – Ireland	78	58	20	74,3%
2013	**Barcelona - Spain	90	66	24	74%
2014	** Vienna – Austria	86	64	22	75%

**In 2010 the rules changed and the written paper was set separately + last year trainees



EBOT examination in 2016



■ at the second decade of the exam

▲ what can we do to improve these standards ?

A. Exam preparation

B. Final assessment



EBOT examination in 2016



☐ at the second decade of the exam

▲ we are addressing two different issues optimizing results:

A.Exam preparation

B.Final assessment

■ A. Exam preparation

-Interim Exam - 2011

-Examiners Courses prior to every final exam - 2000

-Review Courses (under review by EFORT) for candidates

-**European Educational Platform (EEP)** (EFORT) 2015

European countries have approved a syllabus + European curriculum + relevance of a final assessment



EBOT examination in 2016



■ at the second decade of the exam

● Interim Exam at present

Happens regularly since 2011 – 100 MCQ

It is run always in the Spring (14th of April 2015) all around Europe on the same day at the same time

• 262 candidates have taken the exam in their departments (last year there were 149)

Run in English – decision taken not to do different translations

■ **free of charge** for the next 2 years (*sponsored by the European Board of Orthopaedics and Traumatology*)



EBOT examination in 2016



▣ **interim exam 2011, 2012, 2013, 2014, 2015**

- the results of the **Interim Exam**

- ▲ provide information to the resident, to the head of training and to the National body controlling orthopaedic residency

- what sort of more information do they need ???

- can it be used as part of the national annual appraisal

- let's look at some examples



EBOT examination in 2016



European board of Orthopaedics and Traumatology

Dashboard

Exams

Locations

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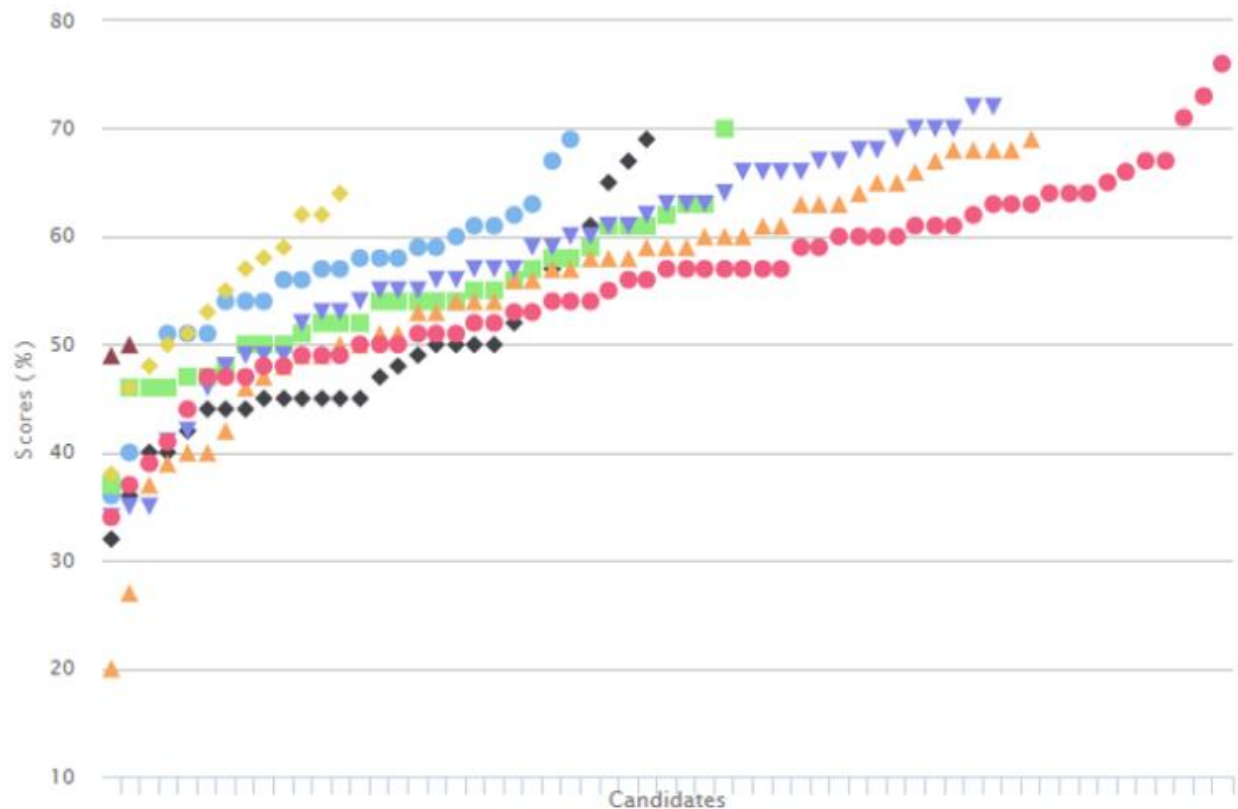
EBOT Interim Exam 14 April 2015

Candidates per year of residency

262 Candidates

Candidates

- 0 Years of training
- ◆ 1 Years of training
- 2 Years of training
- ▲ 3 Years of training
- ▼ 4 Years of training
- 5 Years of training
- ◆ 6 Years of training
- 7 Years of training
- ▲ 8 Years of training





EBOT examination in 2016



European board of Orthopaedics and Traumatology

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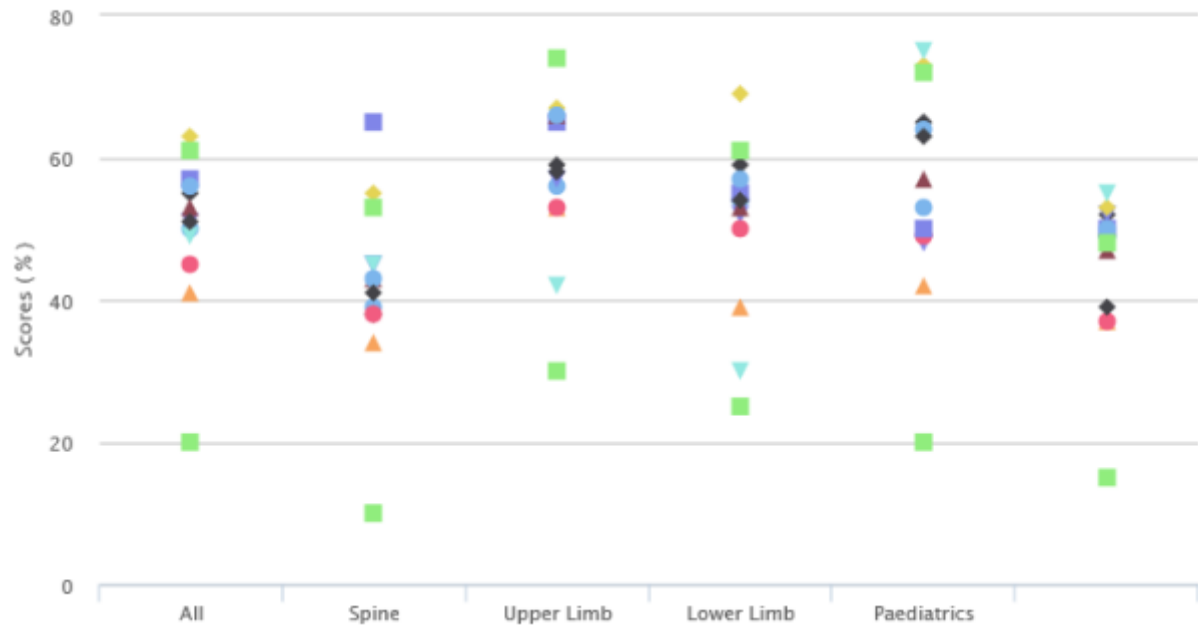
Locations

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EBOT Interim Exam 14 April 2015

Admin scatter plot: Candidates scores in countries





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EBOT Interim Exam 14 April 2015

Scatter plot: Locations Average Scores





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European board of Orthopaedics and Traumatology

Dashboard Exams Locations Users Send Emails

EBOT Interim Exam 14 April 2015

Raul [REDACTED] (rfcerqueira)





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2104 Survey

QUESTIONS	AVERAGE	RANGE
1.- Basic science: number of questions	7	(4-10)
2.- Basic science: complexity of questions	6	(3-8)
3.- Basic science: coverage of questions	6	(3-9)
4.- <u>Spine: number of questions</u>	4	(1-8)
5.- <u>Spine: complexity of questions</u>	7	(3-9)
6.- <u>Spine: coverage of questions</u>	8	(6-9)
7.- <u>Pediatric orthopaedics: number of questions</u>	8	(7-9)
8.- <u>Pediatric orthopaedics: complexity of questions</u>	8	(7-9)
9.- <u>Pediatric orthopaedics: coverage of questions</u>	8	(8-9)
10.- Lower limb: number of questions	7	(6-9)
11.- Lower limb: complexity of questions	8	(7-9)
12.- Lower limb: coverage of questions	8	(5-9)
13.- Upper limb: number of questions	7	(4-9)
14.- Upper limb: complexity of questions	8	(6-9)
15.- Upper limb: coverage of questions	8	(6-9)
16.- Web registration	8	(6-10)
17.- Web-based design and accessibility	8	(6-9)
18.- Invigilation at your site	9	(7-10)
19.- Setup at your site	8	(6-10)
20.- Provided feed-back on your exam	8	(6-9)
Please, rate 1 to 10 your overall satisfaction about the exam:	7	(6-9)

COMMENTS

Problems with server's connection

Very few questions about trauma/fractures

The answer of the question is sometimes included in the title



EBOT examination in 2016



■ at present

● Final Exam

Happens regularly since 2000 in the first weekend in October

It has two parts – Part I written (*Spring*) + Part II oral (*October*)

- 86 candidates have taken the exam in Vienna in 2014

Approximately 90 candidates have registered to the exam in Vienna this year – (4 did not turn up)

Run in English – discussion in 5 different stations



EBOT examination in 2016



☐ at present

● Final Exam

▲ we are addressing two different issues optimizing results :

A. Exam preparation

B. Final assessment

● B. Final Assessment (EBOT Fellowship Examination) :

-separated written part I (*Pearson Vue* examining centres)

-invited all European speciality societies to join the Writing Committee

-improved the set up of part II – examinations halls

-optimize Writing Committee performance (*three to four years appointment*) + setting basis for a Validation Committee



EBOT examination in 2016



plans for 2015

● Final Exam

▲ we are addressing two different issues optimizing results :

A.Exam preparation

B.Final assessment

● B.Final Assessment (EBOT Fellowship Examination) :

-create different exam centres in October in different languages
– this autumn english + german (+ french)

● in order to keep the high standards of the exam we enquired within the EBOT pool of examiners, what second language would they be comfortable examining – building pool examiners different languages



EBOT examination in 2016



☐ plans for 2015

● Final Exam

▲ we are addressing two different issues optimizing results :

A.Exam preparation

B.Final assessment

● B.Final Assessment – Oral Part II Exam in English :

-it will be run in Amsterdam and local organizer is Dennis Darte

● We have at present 173 candidates registered (obviously they will have to take written part I in June) – every year numbers > rapidly!!

● *20% will fail + 10 will not turn up + 10% are last year residents*
BUT we will have resits – so likelihood is that we will have >100



EBOT examination in 2016



plans for 2016

• what will change in the **Final Exam**

▲ we are addressing two different issues optimizing results :

A.Exam preparation

B.Final assessment

• B.Final Assessment (EBOT Fellowship Examination) :

-create **part III clinical exam** in different languages but with local national faculty in each country with candidates

• in order to keep the **high standards of the exam** we suggest to have an examining board of 3 examiners – two national and one may be appointed by the EBOT Examining Committee but that would speak that local language



EBOT examination in 2016



plans for 2016

- what will change in the **Final Exam**

▲ **we are addressing two different issues optimizing results :**

A. Exam preparation

B. Final assessment

- B. Final Assessment (EBOT Fellowship Examination) :

- but **why** do we need a **part III clinical exam** ?

- more and more decision making are based not on clinical grounds but on assessing computer screen or different types of exams

- pressure on the clinicians is tremendous to be quick and move on to the next patient - so time to examine and interpret the findings of the clinical exam are minute !!!



EBOT examination in 2016



▣ plans for 2016

- what will change in the **Final Exam**

▲ **Clinical Part III – Final EBOT Examination :**

- *what are the advantages of this part III ?*

- test professional behaviour, attitude and clinical skills and not only knowledge basis

- to assess shared decision making, physician-physician communication, and physician-patient consultative skills specifically related to the care of patients with MSDiseases

- to have input from each country to the final EBOT qualification
FEBOT Ireland, FEBOT Germany, FEBOT France, FEBOT Spain, etc ...



EBOT examination in 2016



▣ plans for 2016

- what will change in the **Final Exam**

▲ **Clinical Part III – Final EBOT Examination :**

- *what are the advantages of this part III ?*

- fees from the clinical part would go entirely to the National Societies

- to get EBOT qualification candidates would have to be approved by the national boards

- to have a EU qualification that is the end result of a combined true European multinational final assessment improving the standards of orthopaedic training in EU



EBOT examination in 2016



plans for 2016

what will change in the Final Exam

▲ Clinical Part III – Final EBOT Examination :

How will it be structured ?

● exam with patients will be performed at a hospital set up :

- three short cases (UL / LL) (example – wrist ganglion / carpal tunnel syndrome / bunion) – *10 min each (5min for examination + 5 min for discussion)*
- four long cases (example – hip OA, knee OA, spinal stenosis, scoliosis) – *15 min each for examination (5 min taking history + 5 min clinical exam + 5 min discussion)*



EBOT examination in 2016



▣ plans for 2016

● what will change in the **Final Exam**

▲ **Clinical Part III – Final EBOT Examination :**

● *what are the drawbacks of this part III ?*

- lack of culture in clinical exams in different countries
- national legal requirements using patients for medical exams
- patients “compensation” for cooperation in the exam event
- will we be able to guarantee that the goals for the clinical exam are fulfilled ? – how ? (*examiners course!*)



EBOT examination in 2016



▣ plans for 2016

- what will change in the **Final Exam**

▲ **FINAL EBOT EXAMINATION – how will it be structured :**

- Written Part I – European wide, run all around Europe different centres in each country
- Clinical Part II – National, run in each country, by their own board in their own language *with examiners appointed Nat Soc+EBOT*
- Oral Part III – European/Regional, run at different centres in Europe, in english and other languages by multinational faculty appointed by the national societies – *(at the long run we want to combine part II and III together)*



EBOT examination in 2016



☐ conclusion

- EBOT Exam is gaining broader base of support Europe wide
- it is vital to link the Assessment at the End of Training to the European curriculum + log book + syllabus – EBOT / EFORT
- more and more the standards of the exam are being accepted even with the clinical part !
- introduction of the clinical part II will enable a direct national input + test other core competences that European orthopaedic surgeon should have
- directives from Brussels are “favouring” European Qualifications