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Use of mock oral examinations in vascular surgery training programs: a nationwide survey



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ABSTRACT

Background: Mock oral examinations (MOEs) are valuable tools for knowledge assessment and preparation for the surgical certifying examinations. Use of MOE is not standardized. We sought to determine the current use in vascular residencies/fellowships.

Methods: Program directors (PD) of all U.S. vascular training programs were sent anonymous online surveys in July of 2015 evaluating importance of MOEs, current use, barriers to implementation, and preparedness of trainees to sit for the certifying board examination (CE). Comparisons were performed between programs that use MOEs and those that do not.

Results: Fifty-four percent (59/108) of program directors completed the survey. The majority believed MOEs are important for vascular residents and fellows (86% versus 81%); however, only 51% (30/59) use them. The most common reason for using MOE was to provide feedback about readiness for the CE (90%). Of programs not giving MOE, 69% expected their trainees to get oral examinations at national conferences. The most common barriers to implementation/continuation of MOEs were availability of faculty (48%) or time (31%). Irrespective of whether they used MOE or not, 29% believed vascular fellows were better prepared for the CE than vascular residents.

Conclusions: MOEs are regarded as a valuable tool to prepare trainees for the CE. However, it is not a commonly adopted practice, due to variables such as institutional/faculty availability. A third of program directors believed that vascular fellows were more prepared to pass the CE than vascular residents which may warrant further investigation into how programs can more rigorously prepare vascular residents for the vascular CEs.

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Introduction

The vascular surgery certifying examination (VCE) is an important and final step for board certification in vascular surgery. It is important not only for the examinee, as it allows them to become fully certified vascular surgeons, but also it is important to training programs. A high pass rate on the VCE serves as a marker of a high quality program that is in good standing with the Accreditation Council for Graduate Medical Education. Passing the examination requires not only a complete vascular knowledge base but also good communication and interpersonal skills; examinees need to be able to identify and express treatment plans in clear and concise manners. These are skills often only informally taught in surgical education, and as such, use of practice or “mock” orals exams (MOEs) have been increasingly used to prepare trainees for the certifying exam, while also providing helpful data to inform program and curriculum evaluation activities.

Use of MOEs is ubiquitous in general surgery programs, with existing literature supporting improved pass rates, a predictive value of passing mock oral exams on certifying exam pass rates, and increased resident comfort level in taking the certifying examination.^{1,2} However, use of MOEs by vascular surgery training programs has not been extensively studied. This is most likely due to the relatively recent creation of vascular surgery residencies; most programs have only graduated one or two residents (if any) and their current curriculum may not be robust enough to have developed mock oral exam programs. In addition, attending vascular surgery groups are typically smaller than most general surgery program staff, and they are often more accustomed to working with vascular fellows rather than residents. These fellows have finished a general surgery residency program that usually has had MOEs and often have taken the general surgery certifying examination. These trainees, thus, may need less preparation for the nonclinical aspects of the VCE and may not benefit as much from mock oral exams.

Use of MOEs at regional vascular professional society meetings has been examined, with a positive preparatory experience reported by both examinees and examiners, although no benefit was observed in participants' subsequent pass rate on the VCE.³ Examiners did identify several common deficits among examinees, including management of complications and ability to describe open procedures. Given this background, we sought to determine the importance, current use, and design of MOEs by United States vascular surgery training programs and determine potential barriers to implementation. Our hypothesis was that given the relative newness of these residency programs, the current use of mock oral exams in vascular surgery training programs would be low.

Methods

A survey was distributed to program directors of all U.S. vascular surgery training programs ($n = 108$) in July of 2015 using a voluntary/anonymous online survey tool (www.surveymonkey.com). Survey questions included those detailing importance of MOEs, details of current program use,

barriers to implementation, and preparedness of current trainees to sit for the VCE. Data were analyzed by using descriptive and univariate summary statistics and contingency table analysis. The Institutional Review Board of the University of Arkansas for Medical Sciences determined the study as exempt from full review before collection of data.

Results

Surveys were completed by 59/108 (55%) of those invited from programs spanning the country, with 28/59 (47%) having fellowship programs only, 27/59 (46%) having both a fellowship and a residency program, and 4/59 (7%) having a residency program only. The majority of respondents thought MOEs were moderately or very important for both fellow's (48/59, 81%) and resident's (51/59, 86%) preparation for the VCE; however, only 30/59 (51%) programs currently provided MOEs. There were no statistically significant correlations between size of program, geographical location, years of program existence, or type of training program (fellowship, residency, or both) and use of MOEs (Table 1).

Table 1 – Comparison of programs offering MOEs with those that do not.

Demographics	MOE offered (n = 30)	MOE not offered (n = 29)	P-value
Total number of trainees/y			
1	5	13	0.06
2	19	11	
More than 2	6	5	
Type of training paradigms offered			
Fellowship only	14	14	0.99
Residency only	2	2	
Both	14	13	
Geographical location			
West Central	5	5	0.51
Pacific	2	5	
Atlantic	9	7	
East Central	11	10	
New England	3	2	
Years of vascular training program existence (ANY paradigm)			
<5 y	0	3	0.22
5-10 y	2	2	
>10 y	26	24	
Number of faculty			
3-4	3	3	0.50
4-5	5	4	
5-6	3	8	
6-7	6	6	
>7	13	8	

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