NBPME

Minutes Jackson, WY August 9, 2014

Meeting Room: Goldpiece Room

OPEN SESSION

CALL TO ORDER

President Axman called the meeting to order at 8:30 a.m. The following board members, liaison representatives, Prometric staff, and board staff were present:

Dr. Wayne Axman

Dr. Judy Beto

Dr. Jeffrey Page (AACPM)

Dr. Gregory Davies

Dr. Larry Santi (APMA Liaison)

Dr. Thomas Leecost

Dr. Jonathan Haber

Mori North (Staff, AACPM)

Dr. Jeffrey Page (AACPM)

Dr. Larry Santi (APMA Liaison)

Kevin Grierson (APMSA Liaison)

Dr. Rob Levine (FPMB)

Dr. Mary Jones Johnson

Dr. Michael Lapan

Russ Stoner (FPMB Staff)

Dr. Russell Sticha Phil Park (Staff)
Dr. Alyssa Stephenson Ellen Veruete (Staff)
Dr. Kathleen Pyatak-Hugar

Dr. Axman opened the meeting by asking participants to observe a minute of silence in recognition of

Liaison Organization Reports

the life and service of Dr. Roy Corbin.

APMA

Dr. Santi presented a report (attached as Appendix A) that focused on the residency gap and the efforts of the APMA to diminish the gap. He stated that the APMA and CPME were cooperating to facilitate the approval of new residency programs and slots. Mori North stated that all schools have implemented a requirement that students must pass Part I before they will be allowed to move into clinical rotations.

FPMB – Dr. Rob Levine, President of the FPMB, thanked the board for the opportunity for himself and Russ Stoner, Executive Director, to attend. He characterized the role of FPMB as the registrar of podiatry, and welcomed the opportunity for more discussions about how the two organizations could work together. Dr. Leecost reinforced his comments and said that effective communications were important. Dr. Levine said topics of current concern to the FPMB included how best to work out mechanisms for effective enforcement with telemedicine practitioners. He also described an initial effort to develop a physician re-entry program. Dr. Leecost said an essential first step will be to work with the state licensing boards. Mr. Stoner then reported that the FPMB fulfilled 843 score requests in the past year. A report is attached as Appendix B.

AACPM

Dr. Page presented a written report that is attached as Appendix C. In addition, he raised a concern of the schools about how tests could be comparable if each one consisted of entirely new questions. Mr. Park clarified that each test form includes a block of equating items that provide a sound basis for comparing scores on a standard scale. Dr. Page also presented the board with a copy of the second edition of the standard curriculum guide. Mr. Park stated that the test committee had the issue of how to take the curriculum guide into account in test development as a standard topic at its meetings. Finally, Dr. Page asked the board to consider rotating the sites for the annual CSPE examinations.

APMSA

Mr. Grierson reported that the reaction of second year students to the new Candidate Management System (CMS) introduced by Prometric were overwhelmingly positive. The complete report is attached as Appendix D.

CSPE COMMITTEE

Kerry Simm gave a presentation on the design and implementation of the examination that is to begin the Monday following the board meeting. There are 551 candidates scheduled to be tested. The complete presentation is attached as Appendix E.

PRESIDENT'S REPORT

Dr. Axman's report is attached as Appendix F. He thanked the board for the opportunity to serve.

PROMETRIC

Jack Schene provided a report to the board, a full copy of which is attached as Appendix G. The report included the 2014 business review on test sessions and the number of candidates tested. He pointed out that the total number of candidates has declined after a peak in 2012, and may decline further based on the extrapolation of July 2014 Part I, which is the lowest of the last five years.

Item writing and item review workshops continued during the past year, with two sessions for each part of the series. The implementation of MyltemWriter was begun more than a year ago, and, to date, approximately 70 faculty members have been trained in its use. It is considered to be much easier to use than Intelitest, the system that preceded it. The banks of items for each part continue to expand, and it is likely that there will be a sufficient number of items to implement LOFT in the future, if the board chooses to do so.

The online application Candidate Management System was activated on schedule for the Class of 2016 and was used to allow them to register for the July 2014 Part I examination. That system will now be available for all subsequent classes. The same Class of 2016 will be the first to use it for the Part II examination. As the APMSA representative reported, the reviews by the users were overwhelmingly positive, although there are some complications in payment mechanics to be worked out with two schools that had included test fees as part of the tuition package.

At the request of NBPME, Prometric had an active role in the application processing for the CSPE that begins for the Class of 2015. Prometric will also be the agency to produce, deliver, and maintain a permanent record of the score reports. This project required an intensive period of coordination with

the IT staff at CSEC, and Mr. Park complimented Prometric on their patience and willingness to work with CSEC.

Mr. Schene also reported that the project to convert thousands of records previously stored on paper or microfiche to indexed, digitized records had been completed. This facilitates prompter and more accurate reporting of old scores for physicians wishing to register in another state who took the exams many years ago.

NBPME was subpoenaed to provide exam information for a court case although the board was not named as a party in the suit. The costs to negotiate a less onerous response to the subpoena, assemble the materials, and have the executive director provide a deposition was in excess of \$25,000. The NBPME counsel was able to obtain \$5,000 in a voluntary contribution from the plaintiff's attorney, but the party to the suit whom we supported declined to make any such contribution. Staff was instructed to check with our attorney about future reimbursements for similar subpoena requests.

EXECUTIVE SESSION

The board approved the minutes of March 15, 2014 and the conference call summary that were included with the agenda book.

MINUTES

Minutes of the previous meeting (March 15, 2014) and conference call notes were accepted as presented.

2015 EXAM DATES

Prometric provided a proposed schedule for the 2015 exam dates. The board accepted the proposed dates.

Finance Committee

Budget

Dr. Haber presented the budget, which had been reviewed and recommended for approval by the Finance Committee. The budget was approved.

Audit Report

The final audit report, which had been sent to the board prior to the meeting, was accepted.

Investment Policy

The board ratified a decision by the Finance Committee to accept a recommendation of the investment advisors to move a portion of funds from one fund manager to another of the same type.

Bylaws Committee

The revised bylaws were first presented at the March 2014 meeting. They have subsequently been transmitted to each trustee more than 30 days in advance of this meeting. One significant change is that a position of secretary must be added, although it can be combined with the treasurer position, if the board chooses. After discussion, the board approved the revised bylaws with the following specific changes: the secretary and treasurer

positions will be combined; the position description for the residency director will use the same language of "within the past five years" as is applied to the member of a state licensing board; and, the APMSA liaison representative term may be renewed for a second or third consecutive year.

A roll call vote was held and all present voted yes.

Test Committee

The test committee met Friday, August 8. The board received a report on current activities, none of which required board action.

Candidate Misconduct at July Part I Examination

The board had previously held a conference call to discuss the case of (name deleted) who was suspected of having had notes written on his foot. The report by the Prometric proctor described numerous attempts to have the candidate comply with instructions not to remove his shoes, and not to look at his foot. As a result of the conference call, it was decided no action should be taken until the trustees had an opportunity to view the video of the test. This was done during the executive session. In its resumption of the discussion, the board determined that the candidate definitely had been guilty of unacceptable conduct and disruptive behavior, which are specifically prohibited under the terms of the Candidate Information Bulletin. The board determined that there was sufficient basis to question the validity of his score and the score was canceled. The board agreed that the candidate would be permitted to retest in October, upon submission of an application and the requisite fee.

Nominating Committee and Elections

Dr. Sticha stated that he had asked Dr. Axman to participate on the committee in place of Dr. Corbin. He presented the board with choices for the positions where more than one person had applied. He stated that the committee was reluctant to limit board choices to one name for each position when both he and Dr. Axman would be leaving the board.

After extended discussion, and votes on each position, the following were approved for the position or office indicated.

Board Member positions:

a. Podiatric Physician: Dr. Roland Ramdassb. Residency Director: Dr. Robert Eckles

c. State Board Member: Dr. Jeffrey Giesking

d. State Board Member (due to the loss of Dr. Corbin): No replacement selected at this time.

Officers:

a. President: Dr. Jon Haber

b. Vice President: Dr. Mary Jones Johnsonc. Secretary/Treasurer: Dr. Kathy Pyatak-Hugar

Future Board Meeting Dates:

JW Marriott, Washington, D.C. Meeting date: March 21, 2015

Marriott Orlando World Center Meeting date: July 25, 2015

Adjournment

The meeting adjourned at 2:30.

Respectfully submitted:

Executive Director

APMA Report to the NBPME Board

Submitted by Lawrence A. Santi, DPM, FASPS.

- APMA and CPME recognize the burden of debt podiatric medical students carry. APMA is
 offering information and resources to help students (particularly those who have not yet
 been able to match with a residency program) manage their debt. Young physicians can find
 these and other useful materials at www.apma.org/youngphysicians.
- APMA provides significant funding for the residency genesis facilitation initiative at AACPM
 and communicates about the initiative frequently in its <u>publications</u>, on its <u>website</u>, and at
 in-person meetings. APMA regularly encourages its members to get involved by bringing
 their patients to hospitals that have residency programs and serving as faculty at existing
 programs or help develop new residency programs.
- In 2014, the APMA House of Delegates adopted Resolution 10-14, which provides for APMA-funded postgraduate transitional research programs at colleges with unmatched students.
 - Up to \$25,000 matching grant per school to fund research done by an unmatched graduate from the school
 - Limit of one grant per school per year
 - o Program to run for three years
 - Application process with research application to be reviewed by the APMA Clinical Practice Advisory Committee (CPAC) for approval
 - Funds to come from Research Endowment
- APMA is working to develop resources for unmatched graduates in the form of materials to assist in interviews, financial advice, and more. APMA publishes a monthly interview with a residency director with firsthand advice for students and past graduates about matching with residency programs.
- APMA has solicited all unmatched graduates from 2014 and previous years to contact us so
 that we can add them to our database to ensure consistent, routine and timely
 communication. Our communication to these individuals has included information about
 preceptorship, research, and other viable opportunities that have been offered by APMA
 members and industry.

Highlights of APMA Board Meeting of July 23, 2014:

The meeting began with a report from President Frank Spinosa, DPM, who updated the board on his recent travels. Dr. Spinosa and APMA Executive Director and CEO Glenn B. Gastwirth, DPM, recently returned from the American Osteopathic Association (AOA) House of Delegates meeting in Chicago, where APMA was recognized from the podium. APMA has a strong and ongoing relationship with AOA, and Drs. Gastwirth and Spinosa met many members of the AOA leadership during the meeting, including the speaker of the house, president, CEO, outgoing president, president-elect, vice president, and past presidents. They also met with the National Board of Medical Examiners president.

Dr. Spinosa shared with the board that although osteopathic schools graduate several thousand new DOs each year, there are only about a third of the needed osteopathic residency positions. The remainder of the DO graduates must seek allopathic residencies or go unmatched. This information gave rise to a discussion of how best to communicate with students and graduates and the differences in the way osteopathic medicine as a profession handles its residency shortage as compared with podiatric medicine. The osteopaths, for example, have considered providing residents no stipend or even charging residents to participate in residency training.

Dr. Spinosa also covered his plans to improve communications with members, particularly state leadership. During next year's House of Delegates meeting, he said, he will ask all trustees to join him on the dais during his state-of-APMA presentation so that they may provide information about their work on behalf of the profession

APMA's Young Physician Liaison to the Board of Trustees Mindi Feilmeier, DPM, reminded the board about the Young Physicians' Institute coming up in October in Franklin, TN, and the assembled group discussed how the Young Physicians' Program can best be branded and promoted.

Discussion also covered how APMA can influence ICD-10 implementation, as well as participation in the RUC and CPT process.

Office of the Executive Director Russell J. Stoner

DATE: July 9, 2014

TO: National Board of Podiatric Medical Examiners

FROM: Federation of Podiatric Medical Boards

SUBJECT: Report for NBPME Meeting

The Federation of Podiatric Medical Boards (FPMB) Executive Board held their annual meeting on Saturday, April 26, 2014 in Denver. The meeting was attended by:

- Neil L. Horsley, MS, DPM (President, FPMB)
- Robert Levine, DPM (Vice President, FPMB)
- Kirk M. Contento, DPM (Secretary-Treasurer, FPMB)
- Thomas B. Leecost, MD, DPM (Director, FPMB)
- Russell J. Stoner (Executive Director, FPMB)

Also in attendance were:

- Humayan J. Chaudhry, DO, MS, MACP, FACOI (President and CEO, Federation of State Medical Boards)
- V. Kathleen Satterfield, DPM (Assistant Dean & Associate Professor, Western University of Health Sciences)

At the meeting, Dr. Chaudhry of the Federation of State Medical Boards (FSMB) discussed a number of current events. Dr. Chaudhry described the pending Supreme Court case of North Carolina Board of Dental Examiners v. Federal Trade Commission (FTC), as it may impact other State Medical Boards, including podiatry. The implication of the case is that the FTC could, in essence, "regulate" State medical boards. Dr. Chaudhry also discussed the potential role of telemedicine as more and more patients enter the health care system due the Affordable Care Act (ACA). In support of this, the FSMB has developed draft legislation of an interstate compact. (See http://www.nytimes.com/2014/06/30/us/medical-boards-draft-plan-to-ease-path-to-out-of-state-and-online-treatment.html? r=0) The FPMB looks forward to reviewing the final draft later this summer.

Dr. Satterfield gave a presentation on the Podiatric Physician Re-Entry Program (PPREP) at the Western University of Health Sciences. The program is aimed at helping podiatrists as they attempt to re-enter their profession after board actions, returning from retirement or even parent-track absences from practice. The distinguishing characteristics of the PPREP include its

focus on podiatry, reduced costs, emphasis on assessment and individual tailoring. The FPMB seeks to foster recognition of this program from our State medical boards.

During the regular business portion of the meeting, the Executive Board held a moment of silence for Roy B. Corbin, DPM. Dr. Horsley shared words that honored the life and contributions of Dr. Corbin, as well as recognized his enthusiasm and devotion to the FPMB. Committee reports were given regarding the Council on Podiatric Medical Education, Federation of State Medical Boards and National Board of Podiatric Medical Examiners. Dr. Leecost provided an update about the NBPME Part II Clinical Podiatry Skills Exam (CSPE), bylaws changes and recognition that the FPMB is the official provider of the Part III scores. The Executive Board recognized outgoing Board Members, Dr. Corbin (posthumously) and Dr. Leecost, for their outstanding leadership and dedication. Three candidates were interviewed for these two vacancies, and Dr. Jay LeBow and Dr. Bruce Saferin were selected. The 2014-2015 FPMB Executive Board is as follows:

- Robert Levine, DPM (President)
- Kirk M. Contento, DPM (Vice President)
- Neil L. Horsley, MS, DPM (Secretary-Treasurer)
- Jay S. LeBow, DPM (Director)
- Bruce R. Saferin, DPM (Director)
- Russell J. Stoner (Executive Director)

The next annual meeting will be held on April 25, 2015 in Fort Worth, Texas.

The FPMB continues to play a critical role in the licensure process for State Boards by providing certified NBPME Part III score results (843 over the past 12 months) and disciplinary action data reports, both of which can be ordered online via the FPMB web site. The FPMB recently expanded the online ordering functionality to credentialing verification organizations for disciplinary reports. The disciplinary data bank is the largest in podiatry tracking disciplinary actions against over 1,600 individuals as reported by State Boards throughout the country on a continual basis. Additionally, the Member Boards List and Compendium web site pages, which list 15 data points for each State Board, continue to be popular. State Board members continually identify the FPMB web site as a real time-saver; the information provided saves staff time by reducing the number of calls and emails to their offices.

The FPMB and NBPME continue to work together for the betterment of the profession. The Score Reporting Agreement was renewed through 2016, and the FPMB continues to work with Prometric to streamline the transfer of the Part III scores with the goals of enhancing security, accuracy, completeness and timeliness. The new Prometric Client Services Manager, Jennifer Romero, has been very responsive. Finally, the FPMB and NBPME worked together to make joint donations to the Beth Abraham Synagogue and the Lustgarten Foundation for Pancreatic Cancer Research in memory of Dr. Corbin.

AACPM Liaison Report

AUGUST 9, 2014

The Deans and Presidents of the colleges of podiatric medicine would like to publicly express our sympathies at the passing of Dr. Roy Barry Corbin. He will be missed.

We would like to welcome Jennifer Romero to the team and look forward to working with her. We appreciate all that Jack Schene has done since the resignation of Kerry Simm to work so tirelessly with the schools.

The Candidate Management System appears to have been successfully implemented. The initial phase was not without some hiccups but by and large the system functioned quite well and was able to handle a large number of students in a short time. The students appreciate being able to visit their own dashboard to keep track of things.

Registration for the CSPE encountered a number of challenges. The process of approval by the Deans required a number of repeat approvals and made some of the students anxious due to delays. However, two weeks after the registration process for the CSPE had begun, 306 students had been approved and 250 had been scheduled. We don't have final numbers. We have received a little resistance from a few students demanding to know why this expensive test was added.

Recent feedback from the Council of Faculties indicates a general sentiment that item writing, although not yet where it needs to be, continues to improve. Participating faculty are still unclear about such issues as how items are selected and reviewed prior to implementation. In view of the recent statement by NBPME leadership that all new questions were used on all of the offerings of the 2014 Part II written exam, they would like more information about the use of anchoring items and whether or not individual questions are placed in the data bank for future use. If all new questions are used in each iteration of the exam, how are the exams equated?

Faculty members also acknowledged the need for a clear reference list for board question writing and will take on that responsibility. The Council of Faculties completed the first major revision of the Curriculum Guide and work is contemplated to make it easier to use the guide as a reference for APMLE item writing. Discussion in the Council of Faculties has begun about the need for a "Curriculum Guide" for clinical training. In addition, there is interest in rekindling the discussion of the types of questions written for the APMLE. Many feel that there should be fewer straight recall questions and more higher order, critical thinking questions like those used for the USMLE and COMLEX.

With regard to the concerns expressed previously by the AACPM Board regarding field testing or pretesting of items prior to their utilization as a "scored" item on any exam, clarification of our concerns may be of value. First, the Board considers exam security paramount. It is just as important to the academicians as it is to the NBPME that exam items be protected and that every exam be valid. We would therefore not wish to expose items unnecessarily. However, there are significant concerns about the elimination of potential bias from the exam questions. The most obvious area of potential bias is found in regional differences in nomenclature and philosophy. But there is also the potential for other types of bias. Can the NBPME assure that bias has been eliminated without pretesting of questions? Unless each item review session has a faculty member from each college for every discipline, the review process alone cannot give such assurance.



APMSA Report to the NBPME

Liaison: Kevin Grierson
CSPM 2016
Last Meeting: February 2014 – Nashville, TN
Next Meeting: TBA

I. Boards Part I Online registration

The overall response from students was positive for the online registration system. There were a few comments from students:

- Some students reported not being able to access the website page to register when it first went live. Some students also reported receiving emails to register on multiple occasions as if their account had not been saved.
- Several of the schools had Board exam fees built into tuition. This
 made the registration process confusing for some, as students
 were unsure of how to complete and pay for their registration. Is
 there a plan in place for Prometric to work with the different
 schools to make this process easier for next year?

II. Part II CSPE

I had several emails from students that the link for the website to schedule for Part II CSPE was not working when it was supposed to be live. This caused some undue stress for students who wanted to schedule their exam early to book a preferred timeslot. Is there a way to ensure all of the sites are live at the time listed in the bulletins?

Respectfully Submitted,

Kevin Grierson APMSA Liaison to the NBPME

Part II Clinical Skills Patient Encounter

Implementation Update, August 9, 2014

Project Timeline

Board Review and Approval	March 15, 2014
Candidate Information Bulletin and Application	March 18, 2014
FTP Connection and Eligibility Data Transfer	March 21, 2014
Team Training, Information Release, Registration Opened	April 1, 2014
Scheduling Opened	April 23, 2014
Registration Closed	June 30, 2014 (extended for 3 candidates to July 17)
Rater Training	August 1, 2014 - August 2, 2014

Board Meeting	August 9, 2014
CSPE Begins	August 11, 2014
CSPE Ends	August 29, 2014
Standard Setting	November 22, 2014 – December 1, 2014
Scoring Data Transfer and Score Release	January 5, 2015 – January 12, 2015

APMLE Website CSPE Landing Page



The NBPME is pleased to announce the Part II CSPE $\underline{\text{LEARN MORE}}$

Home » About the Exam » Part II CSPE

Exam Schedule

Program Management

Score Release Dates

FAOs

Exam Cost

Part II CSPE

The Part II Clinical Skills Patient Encounter (Part II CSPE) assesses proficiency in podiatric clinical tasks needed to enter residency. Candidates will be expected to perform a focused physical examination including podiatric and general medicine physical exam

managuage appropriate for each nations procentation. Dediatric and general medical

Candidate Information Bulletin

THE NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS



American Podiatric Medical Licensing Examination (APMLE)

Part II Clinical Skills Patient Encounter Candidate Information Bulletin

Eligibility Requirements

Any candidates starting the NBPME's APMLE examinations after January 1,2010, must take and pass the exams in sequential order. The Part I examination must be taken and passed before the Part II examination may be taken. Likewise, the Part II examination must be taken and passed before the Part III examination may be taken. Beginning with the Class of 2015, candidates must pass the Part II examination and the Part II CSPE before the Part III examination can be taken. Additionally, candidates must meet certain eligibility requirements prior to taking each examination.

To be eligible to take the Part II CSPE, a candidate must have passed the Part I examination and be confirmed as a currently enrolled, fourth-year student by the dean of an accredited podiatric medical school as listed with the Council on Podiatric Medical Education of the American Podiatric Medical Association.

Application and Registration



National Board of Podiatric Medical Examiners Registration Form

American Podiatric Medical Licensing Examination (APMLE)



Exam Selection

- Part II: Clinical Skills Patient Encounter Examination August 11th 29th, 2014 (registration deadline is June 30, 2014)
- Part II: Clinical Skills Patient Encounter Examination February 3rd 4th, 2015 (registration deadline is January, 23 2015)
- ☐ I am submitting Special Accommodations documentation

Candidate's Affidavit and Acknowledgement Statement

Examination Fee Payment

The exam fee is \$1,230 for the Part II CSPE. Payment may be made by certified check, cashier's check or money order made payable to the NBPME, or by MasterCard or Visa. Personal checks and cash are not accepted.

Testing With Accommodations

Americans with Disabilities Act (ADA)

If you require testing accommodations under the Americans with Disabilities Act (ADA), please call Prometric at **800.967.1139** to obtain an accommodation request form. Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge.

Candidates should submit professional documentation of the disability with their application form to help us determine the necessary testing arrangements. Thirty days advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

Candidates with an approved accommodation will be contacted upon approval of the accommodation to continue the exam scheduling process. Accommodations exams will be scheduled on specified days during the exam eligibility period. Candidates with an approved accommodation will not be able to schedule their appointment online.

NBPME Policy

A candidate with a documented disability will be permitted an accommodation so long as it does not fundamentally alter the nature of the performance evaluation or what the Part II CSPE is intended to measure, or does not unreasonably burden the NBPME or other candidates.

Additional Time Requests

Candidates who are eligible to take the Part II CSPE exam with a documented disability covered under the Americans with Disabilities Act (ADA) and for whom their respective podiatric medical school approves extended time for written examinations will be granted 20 minutes for completing the patient note. (The standard time allotted for the patient note is 10 minutes per standardized patient encounter.)

The Part II CSPE is intended to measure proficiency and efficiency in performing physical exam maneuvers and demonstrating certain clinical skills within a 15-minute time period. There will be no time period extension during the patient encounter.

Candidate Registration Data Transfer

- When application is received, approved and fees are paid:
 - Automated transfer from Prometric to CSEC via secure FTP
 - Data includes Candidate ATT number, name and school
 - ATT transmitted to Candidate

Authorization To Test

AUTHORATION TO TEST (ATT) National Board of Podiatric Medical Examiners



Part II - Clinical Skills Patient Encounter

Test Taker 1234 Smith Street Bayonne, NJ 07002 ATT Number: 001234587

If the name on this Authorization to Test does not match your name on the signed photographic identification that you will be using at the Clinical Skills Patient Encounter testing center, please call seasons at 877-302-8952.

Your Part II- CSPE registration has been processed.

 Authorization Number
 Test
 Eligibility Period

 001234567
 Part II CSPE
 08/11/2014 to 08/29/2014

You can schedule online at:

HTTPS://www.spmlecsps.acfmg.org

- If you do not take the exam within your eligibility period, you must reapply by submitting a new application and examination fee for the rext available testing window. The \$1,230 fee is nonrefundable and nontransferable from one eligibility period to another.
- It is imperative that you go online to schedule your appointment as soon as you receive this ATT in order to schedule your exam on your preferred test date.
- You will enter in your ATT Number as the user name and your date of birth as your password. The
 date of birth will be formatted as: MMDDYYYY. For example, if your birth date & January 31, 1989
 you would enter: 0131889.
- Once in the scheduling calendar, you will select your test date from the dates available. When you
 have completed the process of selecting your test date a confirmation page will be displayed. The
 confirmation notice includes your scheduled test date, while like, lest center location, and other
- You will have the option to print this confirmation page. The confirmation page is not required for entry at the test center – it is for reference only.



PROMETRIC

Online Scheduling



American Podiatric Medical Licensing Examination (APMLE)
Part II Clinical Skills Patient Encounter (CSPE)
Scheduling

Login to APMLE Part II CSPE Scheduling.

ATT Number:

PASSWORD:

Login

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Confirmation Notice



Name: LastName, FirstName ATT Number: 000000112 Eligibility Period: 14 Jan 2014 - 14 Jun 2014

Confirmation Notice

Date: March 03, 2014

Your Testing Appointment

Your testing appointment, as described below, is now confirmed. Print a copy of this Confirmation Notice for your records and bring it to the test center on your test date.

Test Center: Philadelphia 3700

Test Center Address: 3700 Market Street, 2nd Floor

Philadelphia, PA 19104

USA

Test Date: Saturday, March 29, 2014

Arrival Time: 3:00 PM

Confirmation Number: 2796730

Registration Identification Code: P000160526

This information is current as of 3/3/2014 2:48:16 PM.

Registration and Scheduling Status

as of August 1, 2014

Date	Number of Candidates	
Monday, August 11, 14	48	
Tuesday, August 12, 14	34	
Wednesday, August 13, 14	9	559
Thursday, August 14, 14	48	Regi
Friday, August 15, 14	48	
Monday, August 18, 14	48	551
Tuesday, August 19, 14	30	Sche
Wednesday, August 20, 14	36	
Thursday, August 21, 14	48	* ^ D /
Friday, August 22, 14	48	ADF
Monday, August 25, 14	48	
Tuesday, August 26, 14	48	
Wednesday, August 27, 14	48	
Thursday, August 28, 14 – August 29, 14	10*	

559 Registered

551 Scheduled

*ADA Dates

Cancel or Reschedule

You can reschedule an appointment within your eligibility period up to 11:59pm (EST) the night before your exam date as long as there is space available to test in the new session selected. If no space is available when you attempt to **reschedule**, be aware that it is unlikely that you will find space available by **canceling** your current testing date and returning to the scheduling site to check for an opening at a later time.

To **cancel or reschedule**, log in to the scheduling website and follow the prompts. You will be guided by the buttons/links available to you based on the fact that you already have a scheduled test date. When you have completed the process of selecting your new test date or cancelling your test date, you will be asked to confirm your choice. When confirmed, a confirmation page will be displayed. Your rescheduled test date must fall within your assigned eligibility period. There is no limit on the number of times you can cancel or reschedule your testing appointment.

If you miss your scheduled testing appointment, you will need to reschedule during the retake eligibility period (February, annually). The fee is nonrefundable and nontransferable from one eligibility period to another. Space during the February retake eligibility period will be limited. Only under extreme circumstances should you be scheduled as a first-time taker for Part II CSPE during the February retake period.

Refunds and expenses incurred as a result of center closures due to inclement weather or natural disasters will be handled on a case by case basis.

What to Expect

Testing Locations

Part II CSPE is administered in Philadelphia, Pennsylvania. There are two testing locations: 3624 Market St Philadelphia, PA 19104 and 3700 Market St Philadelphia, PA 19104.



The Patient Encounter

You will have 15 minutes for each patient encounter. When you enter the room you will encounter a patient and you may also encounter a person who presents with a third party (e.g. a family member or caretaker). You should ask the patient relevant questions and perform a focused physical exam just as you would a real patient. Each standardized patient's chief complaint will help you determine the focus of your interview. Many cases will not require a complete history and physical exam. You should manage your time during each encounter so that you can fully address the standardized patient's emotional and communication needs as well take an appropriate health history and perform an appropriate physical exam.

You should expect that many of the standardized patients will have concerns and questions in addition to their chief complaint. You should be responsive to each standardized patient by addressing their concerns in an empathetic manner. You should answer any questions they may have and provide diagnostic, work-up and/or management information. Approach each encounter in a professional and patient-centered manner.

Your role during the examination should be that of a first year podiatric resident physician with primary responsibility for the care of each patient. Do not defer decision making to others. You should treat each patient as you would a real patient.

Physical Examination

You should perform physical examination maneuvers correctly and expect that there will be positive physical findings in some instances. Simulated findings should be accepted as real and factored into your differential diagnoses. You should attend to appropriate hygiene and to patient comfort and modesty, as you would in the care of real patients.

With real patients in a normal clinical setting, it is possible to obtain meaningful information during your physical examination without being unnecessarily forceful in palpating or carrying out other maneuvers that involve touching. Your approach to examining standardized patients should be no different. Since standardized patients are subjected to repeat physical examinations, it is important to keep this in mind.

Announcements will indicate the start of every encounter. There will also be an announcement when there are 5 minutes remaining in each encounter. If you complete your patient encounter, including the physical exam, in less than 15 minutes, the additional time may be used to complete your patient note. You may leave the examination room early, but be certain you have obtained all necessary information before leaving the examination room since re-entry after leaving is not permitted and will be considered misconduct.

The Patient Note

After each encounter, you will be asked to document pertinent history and physical findings on an electronic patient note template. Depending on the nature of the case, you will be asked to either make an assessment or create a differential diagnosis list with up to three diagnoses. Some case presentations will require you only to describe your management plans with the patient, and for others you will be expected to provide a diagnostic work-up (tests, studies, etc) as well as a management or treatment plan. For each encounter, the candidate instructions will indicate the task that you are expected to perform.

The following are examples of actions that would result in higher scores:

- Using correct medical terminology
- Providing detailed documentation of pertinent history and physical findings. For example: writing "vibratory and fine-touch sensation intact," is preferable to stating that the neurologic exam is normal
- Listing only diagnoses supported by the history and findings (even if this is fewer than three)
- Listing the correct diagnoses in the order of likelihood, with the most likely diagnosis first
- Supporting diagnoses with pertinent findings obtained from the history and physical examination

The following are examples of actions that would result in lower scores:

- Using inexact, nonmedical terminology, such as pulled muscle
- · Listing improbable diagnoses with no supporting evidence
- Listing an appropriate diagnosis without listing supporting evidence
- Listing diagnoses without regard to the order of likelihood

See the sample patient notes included at the end of this content description.

Refund Policy

Candidates may request a refund of their testing fees up to 30 days prior to the examination window. The deadline date for requesting a refund for the Part II CSPE from August 11th – 29th, is July 11, 2014. The deadline date for requesting a refund for the Part II CSPE February 3rd-4th, 2015 is January 3, 2015. All requests for refunds must be made in writing to **nbpmeinquiry@prometric.com**.

You will not be entitled to a refund of your exam registration fee if you:

- 1 Fail to appear for your scheduled exam.
- 2 Appear without proper identification.
- 3 Show up more than 10 minutes after the scheduled exam start time.

If you need to reschedule an exam appointment because of a medical emergency, you must mail a written request and official documentation, such as a doctor's letter, to **nbpmeinquiry@prometric.com**. Such a request must be made within the 48 hours following the scheduled exam date. No refund of exam fees is guaranteed.

Candidate Score Data Transfer

- When testing is complete and the standard is set:
 - CSEC will post score information on NBME eRoom by January 5, 2015
 - Prometric will retrieve data and send score reports to candidates by January 12, 2015

Score Reporting August 2014 Part II CSPE

You will receive your exam results no later than January 12, 2015. Exam results are **released** to you by Prometric. Any inquiries regarding exam results should be directed to Prometric at **877.302.8952**. Due to confidentiality and privacy issues, exam results will not be released over the phone, by fax, or by any other electronic transmission.

When you sign the AMPLE Part II CSPE application form, you agree to have your:

- Passing Score, communicated as "PASS" and reported to the School in which you
 are enrolled or have graduated from and CASPR.
- Failing Score, communicated as "FAIL" and reported to the School in which you
 are enrolled or have graduated from and CASPR.

Score Report

Candidate diagnostic performance information *will not* be included in the August 2014 Part II CSPE

|SCORE REPORT National Board of Podiatric Medical Examiners



Part II - Clinical Skills Patient Encounter

Test Taker 1234 Smith Street Bayonne, NJ 07002 ATT Number: 001234567 School Code: Examination Date:

Overall Outcome: FAIL

Your score will be reported as "FAIL" to the School in which you are enrolled or have graduated from and CASPR.

Additional information can be found in the Candidate Information Bulletin located on www.apmle.org





Dates and Deadlines February 2015 Part II CSPE

PART II Examination	Registration Deadlines	Refund Deadlines
Dates		
February 3 rd and 4 th , 2015	January 15, 2015	January 3, 2015

Score Data from CSEC to Prometric	Score Reports to Candidate	Match		
to Frometric	Canuluate			
March 5, 2015	March 12, 2015	March 19, 2015		

Thank you

President's Report August 2014

Dear Board Members,

The year has gone by so quickly and as my tenure on the board comes to an end, it seems only yesterday when it all began. I have had the opportunity to work with many great board members over the years. I started working with Phil in the early days of PMLexis and leave you in his capable hands, understanding and appreciating our roots, our struggles, accomplishments, and goals for the future—with political savvy, keeping all parties' interests in mind. Ellen has been there from the beginning and is the glue of this organization; the first contact on the phone who has the answers or will get them to meet anyone's needs. I thank Dr. Gibley for the privilege of serving. I thank Dr. Lombardi for the opportunity to serve as president as he could have served another year but was gracious in allowing me the opportunity. My only regret is not being able to turn the reins over to Roy; he is sorely missed and is in our prayers.

In the past twelve months these are some of the things this board has accomplished or is in the process of fulfilling. You should all feel great about the team effort and positioning for the future.

The NBPME has:

Implemented a new contract with Prometric leading to

- Eventual conversion to a new testing format (LOFT) that should enhance the reliability of the test, while maintaining security.
- A new Candidate Management System (CMS) for the Class of 2016 taking Part I July 2014 that gives candidates greater ease of access to the registration and scheduling system.
- Completed digitizing old score reports formerly on microfiche to permanently preserve the records and improve searches for score reports.
- A revised Part I and Part II item writing workshop format that will save \$180,000 each year.

Implemented the Clinical Skills Patient Encounter Examination (CSPE) live exam for the Class of 2015. As part of the preparation, the NBPME and CSEC developed:

- An orientation video that provides an excellent description of the test process
- A new Candidate Information Bulletin and test-specific ADA policy

In addition the Board;

- Will adopt new bylaws developed after the publication last year of the first guidelines handbook for the board
- Has a **new website** that is much more usable by candidates and can be accessed from mobile devices
- Moved to electronic publication of the newsletter, eliminating printing and mailing costs
- Closed the year in a position of financial strength despite the expenditure of more than \$500,000 during the year in support of CSPE.

Sometimes, some of the unquantifiable accomplishments enhance image and productivity. I believe, under Phil's directorship, the communications with the Deans, the APMA, the students, and the profession at large has earned great respect for this board as it moves to the future .

Thanks again for the privilege of serving.

Wayne



National Board of Podiatric Medical Examiners

August 9, 2014



Agenda



- + 2014 Business Review Presentation and Discussion
 - + CSPE
 - + Online Application
 - Registration and Application
 - Approval Process
 - Online Scheduling
 - Result Reporting
 - + Digital Records
 - Completed May 1, 2014

Testing Volumes and Records 2009-2014



Year	Jan II	Feb II	March II	May II	June III	July I	Oct I	Dec III
2014	591	79	N/A	41	321	617		
2013	625	147	N/A	53	315	639	162	275
2012	617		165	102	306	640	172	290
2011	N/A		620	173	310	671	159	227
2010	N/A		574	154	276	624	145	221
2009	N/A		501	135	283	634	170	222



This is not the end, this is not even the beginning of the end, this is just perhaps the end of the beginning."

Winston Churchill

Clinical Skills Patient Encounter



+ CSPE

- + Application processing
 - Standard for Prometric
 - File sent to ECFMG daily
 - 559 applied and 551 scheduled

On Line Application



- Candidate Management System
 - + On Line Application processing
 - Launched on time 5/15/2014
 - Candidates applied, scheduled, approved and scheduled complete by 6/5/2014
 - Coordination effort with the programs
 - Uneventful test event
 - Results both standard process and unofficial score posted to candidate portal

Digital legacy records



- Digitized records
 - + Historical Score reports
 - Electronically scanned records
 - On line search feature
 - Speed, efficiency and security improvement