

American Board of Emergency Medicine

Certifying Exam **FREQUENTLY ASKED QUESTIONS (FAQs)**

- 1. Why is ABEM moving to a new Certifying Exam?** Over the last two years, ABEM's Becoming Certified Initiative (BCI) gathered extensive input from emergency physicians, healthcare leaders, international experts on physician assessment, and the public about all aspects of the initial certification process. We learned from that feedback that ABEM should create an assessment that is even more relevant to practice and assesses additional competencies the current Oral Exam format cannot (e.g., procedural skills).
[Key Findings](#)
- 2. Will the Qualifying (written) Exam still be required for certification?** Yes, the Qualifying Exam will be the first assessment required for initial certification. Once you pass the Qualifying Exam, you can register for the Certifying Exam.
- 3. When will the new Certifying Exam start?** In 2026. All physicians seeking ABEM Emergency Medicine certification must pass the Certifying Exam as the final step to becoming certified. If you take and pass the Qualifying (written) Exam in 2025, you will be scheduled for the new Certifying Exam in 2026.
- 4. How is the Certifying Exam different?** The written Qualifying Examination focuses on medical knowledge and cognitive skills. The Certifying Exam will test competencies that are not tested on the Qualifying Exam (written) or current Oral Exam. It will assess:
 - ✓ Procedural skills
 - ✓ Manual ultrasound skills
 - ✓ High-stakes communications and difficult conversations
 - ✓ Clinical decision-making
 - ✓ Prioritization
- 5. What types of cases will there be?** There are two case types that make up the new Certifying Exam: Clinical Care cases and Communication and Procedural cases.

Clinical Care cases are guided scenarios that will be discussion-based to show how you would prioritize patient care and interact with various sources of clinical information.

Communication and Procedure cases will be objective structured clinical exam (OSCE) cases that assess procedural skills, complex communication, professionalism, and other technical skills. Scenarios could involve standardized patient actors or procedural equipment.

- 6. Where will the Certifying Exam take place?** The Certifying Exam will take place at the AIME Center in Raleigh, North Carolina. The AIME Center is a state-of-the-art facility designed for the sole purpose of certification assessment. This professional assessment center was created by the American Board of Anesthesiology for high-stakes assessments for physician board certification. Other medical specialty Boards also use the AIME Center. Multiple exam administrations will take place each year, which will allow emergency physicians more flexibility in scheduling. ABEM visited a number of centers across the U.S. The AIME Center ensures that candidates receive a

consistent exam experience. Additional information about the AIME Center selection can be found [here](#).

- 7. What about a testing center on the West Coast?** There is not an equivalent assessment center available on the West Coast. If a center emerges in the years ahead that may be an option, ABEM will assess that center for future use.
- 8. What is ABEM doing to ensure that the assessment is fair? What are ABEM's testing standards?** ABEM is the only ABMS medical specialty board that is accredited by the National Commission for Certifying Agencies (NCCA). This means that ABEM had to achieve high standards for assessment development, and as ABEM maintains its NCCA accreditation (of which the new CE is a part), ABEM must continue to uphold those standards. The standards for high-stakes testing are contained in the *Standards for Educational and Psychological Testing* published by the American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education.

ABEM's testing standards are also reflected in the foundational basis for its examinations (especially the new CE), the rigorous development of the examination, the detailed post-hoc analysis (including reliability), the approach to reliability, and the insurance of fairness (including diversity and equity principles).

ABEM reviews its test items for bias. ABEM convenes bias and fairness panels twice yearly to ensure that its test content does not unfairly disadvantage any group. ABEM has worked extensively with multiple testing experts to find ways to enhance the fairness of its examinations by mitigating bias and disrupting stereotypes. Current CE cases in development are undergoing a review for bias using DEI principles.

After any major change to an examination or when the core content (the EM Model) significantly evolves, ABEM conducts a standard-setting study to adjust the passing standard (cut-score). This process is followed by every medical specialty board involved in high-stakes testing. For the oral examination and for the new CE, ABEM uses a modified Angoff method. This process occurred when ABEM introduced the eOral format and when ABEM began the virtual oral exam (VOE). Of note, there was not a sustained material difference in the pass rates relative to ABEM's historic norms.

- 9. How will ABEM evaluate the new examination?** ABEM conducts rigorous analysis of all ABEM assessments. ABEM has a long history of publishing validity evidence for its assessment processes. ABEM anticipates continuing that practice. Still, there is substantial content validity evidence for the new CE. ABEM anticipates presenting content validity evidence and construct validity evidence soon.

ABEM undergoes extensive post-examination analysis after every examination administration. ABEM will continue this detailed analysis with the new CE. These analyses include a review of the examination configuration that includes days of administration, administrations per day, candidates per morning daily sessions and candidates per afternoon daily sessions, the case mix (number of single cases; number of structured interview cases), the anchor examination administration used to equate the examination, and the use of the scaled scoring.

ABEM determines the scaled examination scores by the examination day (e.g., Day 1, Day 2, etc.) and the session (morning vs. afternoon). ABEM also equates the results to ensure fairness. ABEM uses a multifaceted Rasch model to ensure that test-takers are not penalized if a particular test is more difficult or if they are examined by an examiner who is a hard scorer. ABEM maintains historic performance for every administration of every case including difficulty for every single scoring element and a discrimination

coefficient for every scored element. The statistical results from every oral exam administration are sent to the ABEM Certifying Examination Committee for review prior to posting examination results and sending them to the physician candidates. ABEM will continue these detailed analyses for the new CE.

- 10. What accommodation will ABEM provide for test takers who may need various accommodations?** Scheduling flexibility will still be offered to candidates for active military deployment schedules, religious observances, pregnancy/family leave, and fellowship commitments.

ABEM encourages candidates to travel the day before their scheduled exam day to reduce travel-related interruptions and travel anxiety. However, should something unexpected (e.g., weather, other travel delays, etc.) prevent a candidate from arriving for their scheduled time, ABEM will work to reseal the candidate at the administration, and if not possible, reschedule for a new administration week.

Onsite accommodations at the AIME center will include:

- Wellness rooms including accommodations for nursing mothers
- Altered schedules for nursing mothers
- Allowance for candidates to have medical aides as needed in the testing rooms
- Extra time to get to the testing room for those who needed it
- A quiet/meditation/prayer room for candidate use

Candidates with documented disabilities and who need specific ADA accommodations are required to complete a request for accommodations following ABEM policy.

- 11. The AIME Center is in North Carolina which is considered a restrictive state for reproductive rights. Will pregnant candidates be able to get care in case of emergency situations?** ABEM is currently working with emergency departments located close to the AIME Center so that any candidate or examiner experiencing an unanticipated and urgent emergency situation will get the care that they need. Patients will be able to receive high standards of care in local emergency departments such as Wake Forest, UNC, and Duke. Further, the AIME Center in its approximately 10 years of operation has not had an emergency situation with a candidate.

- 12. What is the estimated cost of the Certifying Exam to candidates?** ABEM has maintained the costs for initial certification for the last 10 years and does not anticipate significant changes in initial certification costs. Currently, of the 14 ABMS specialties that require an oral examination for certification, the ABEM oral examination is the third least expensive. Currently, the fee for the oral examination is \$1,255.

- 13. What about the cost of travel?** Travel to the testing center is variable depending on the cost of airfare. Affordable lodging is conveniently near the testing center. ABEM will negotiate with local hotels to offer physicians reasonable hotel costs.

- 14. Why is the virtual Oral Examination being retired after 2025?** The virtual Oral Examination [measures unique competencies that are not measured on the Qualifying \(written\) Exam](#) and has been [shown to be a valid and reliable examination](#) process that differentiates ABEM-certified physicians from other providers. However, stakeholders agreed that additional competencies should be assessed in a way relevant to clinical practice.

- [Stakeholder Feedback](#)

- [Key Findings](#)

- 15. Are there data that support the need for a second exam (Oral Exam, Certifying Exam)?** Although an assessment of knowledge (i.e., the Qualifying Exam) is important, it is insufficient to determine whether a physician has necessary skill in the competencies that are important for an emergency physician. Data that demonstrate that the factors assessed in the ABEM oral examination are different than those assessed in the written Qualifying Examination can be found in Gorgas DL, et al. [The correlation between performance on the American Board of Emergency Medicine \(ABEM\) qualifying and oral certifying examinations](#). Acad Emerg Med 2024 Jan;31(1):91-3. doi: 10.1111/acem.14780. Moreover, poor performance on the Oral Examination is independently associated with the risk of a severe state medical board disciplinary action (doi: 10.1002/emp2.13119).
- 16. Why isn't successful completion of an EM residency sufficient to serve as proof of a candidate obtaining certain competencies?** Some physicians complete a residency without meeting the target performance standards for a graduating resident in a single Emergency Medicine Milestone (i.e., Level 4 Milestone). ABEM's initial certification process serves to independently verify that a physician has met a national standard of competency.
- 17. Why can't the oral exam remain virtual?** The new Certifying Exam is not a relocation of the current examination—it's an entirely different assessment. For example, it will assess manual ultrasound and procedural skills that cannot be effectively assessed in a virtual format.
- 18. What's next?** ABEM looks forward to keeping you informed as we roll out the new exam. Case summaries and references are available on the website. The new Certifying Exam will reflect the competencies needed for modern emergency medicine practice, so thorough preparation will be key to your success. This year, we will be adding more resources to the website, including scoring principles, videos of case samples, logistics for exam day (where to go and when), and information about the AIME Center.

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