FINAL REPORT

"FIELD TEST OF THE PROFICIENCY EXAMINATION IN SURGERY"

Submitted to

The American College of Surgeons
55 East Erie Street
Chicago, Illinois 60611

February 25, 1981

National Commission on Certification
of Physician's Assistants
3384 Peachtree Road, N.E.
Suite 560
Atlanta, Georgia 30326

TABLE OF CONTENTS

I. INTRODUCTION ..... Page 1

II. ANALYSIS OF RESULTS ..... Page 2

III. CONCLUSIONS ..... Page 4

IV. FINANCIAL REPORT ..... Page 5

TABLES

1. Statistical Performance of the SA Examination
2. Performance Comparison of PA's versus SA's
3. Performance of SA Examinees Who Took 1978 or 1979 Primary Care Examination
4. Performance Comparisons of Examinees Who Have Taken PACE versus Those Who Have Not/Formally Trained Examinees versus Informally Trained Examinees/PA Program Graduates versus SA Program Graduates
5. Performance Comparisons of Examinees with Different Number of Years Primary Care PA Experience/SA Experience
6. Performance Comparisons of Examinees with Formal Surgical Training versus Those Without/Graduates from Formal Surgical Training Programs of Varying Lengths
7. Performance Comparisons of Examinees Who Spend Different Amounts of Time Working in a Physician's Office/in the Emergency Room
8. Performance Comparisons of Examinees Who Spend Different Amounts of Time Working in the Operating Room/With Hospital In-Patients/With Hospital Out-Patients

APPENDICES

1. SA Sample Questionnaire
2. Locations of Examining Centers/Dates of Pilot Study Administration
3. SA Results Notification Materials

I. INTRODUCTION

In 1978 an examination for surgeon's assistants (SA's) was developed by the National Commission on Certification of Physician's Assistants (NCCPA) with the services of the National Board of Medical Examiners (NBME). This examination was developed by an NCCPA Test Committee made up of surgeons and surgeon assistants. SA employers were surveyed (see Appendix 1) to determine the role and job description of an SA. The Test Committee reviewed this data and utilized it to develop sample questions for this pilot examination.

In 1979 the American College of Surgeons (ACS) provided NCCPA with support funds totalling $21,481 for an experimental administration and analysis of this examination. NCCPA administered the examination to 450 surgical and primary care physician's assistants (PA) during late 1979 and early 1980. The following pages will provide a detailed report of that study.

NCCPA began identifying the sample population to be studied in late 1979. Initial problems were encountered in locating a suitable sample due to a limited availability of names and addresses and because of some confusion surrounding the title and role of an SA. NCCPA eventually located approximately 100 sites through the efforts of (educational) training surgeon's assistants. However, this total was not an adequate sample for the study. NCCPA continued to search for surgeon's assistants to include in the sample with the cooperation of ACS, the Association of Physician Assistant Programs (APAP), and the American Association of Surgeon's Assistants (AASA). NCCPA eventually accumulated a total of 179 SA's. NCCPA and NBME then decided to include primary care physician's assistants in order to provide additional alternatives for analyzing data. The problems encountered in locating the primary care group included availability, geographic location, establishment of test centers, and willingness to participate. Also, during the time this study was being conducted, many of the primary care PA's were involved in clinical experiences off campus. Nonetheless, in 1980, NCCPA was able to identify a sample group of 260 primary care PA's who were willing to participate in the field test. The final total sample of 450 examinees included 260 primary care PA's, 179 SA's, and 11 unclassified PA's.

NCCPA received significant support and cooperation from many training programs and hospitals utilizing PA's and SA's. These included Hahnemann Hospital, Philadelphia, Pennsylvania; University of Alabama, Birmingham, Alabama; Medical University of South Carolina, Charleston, South Carolina; PA Surgical Residency Program - Norwalk Hospital, Norwalk, Connecticut; City Hospital, Opa Locka, Florida; Homestead Air Force Base, Naranja, Florida; Brooks Air Force Base, San Antonio, Texas; Emory University, Atlanta, Georgia; Cornell University, New York, New York; Cuyahoga Community College, Parma, Ohio; Marshfield Medical Foundation, Marshfield, Wisconsin; Montefiore Hospital and Medical Center, Bronx, New York; University of Florida, Gainesville, Florida; and Northeastern University, Boston, Massachusetts. Participants in this study received continuing medical education credit from the American Academy of Physician Assistants, which enabled NCCPA to offer an incentive to those people willing to participate. Candidates were also provided with biographic questionnaires which were used to collect data regarding training and present practice responsibilities.

Appendix 2 provides locations of examining centers and dates the examination was administered. Appendix 3 includes material provided to each examinee.

II. ANALYSIS OF RESULTS

The following pages consist of summary data provided by NBME, including examination scoring and an item analysis. Two of the 100 examination items were eliminated from the final scoring because they did not meet the psychometric criteria for an acceptable question. The statistical performance of the examination is shown in Table 1. The statistics were computed on the total examinee population. The mean difficulty level of the examination was .58 which means that the average examinee answered 58% of the items correctly. This examination was slightly more difficult than the Primary Care Certifying Examination, but a majority of the examinees taking this examination were not surgical PA's. The mean discrimination value of the items was .32 which is slightly higher than the mean r value for the MCQ section of the certifying examination. The fact that the examinee population was varied (PA's just completing a primary care training program to experienced PA's with advanced surgical PA training) helps make the items more discriminating. The overall realiability of the examination was .82 which is within acceptable limits for a 98 item examination.

Classification of the examinees into primary care PA's and surgical PA's was provided by NCCPA. Of the 450 examinees, 260 were primary care PA's, 179 were surgical PA's, and 11 were unclassified. Table 2 compares the performance of the primary care PA's on the SA examination to the performance of the surgical PA's. The surgical PA's scored significantly higher than the primary care PA's.

One hundred twenty three examinees taking the SA Examination took either the 1978 or 1979 Primary Care Certifying Examination (PACE). Seventy six of these examinees were primary care PA's and 47 were surgical PA's. Table 3 compares the performance of the primary care PA's to the performance of the surgical PA's on the SA examination and the MCQ Section of the Primary Care Certifying Examination. The mean score of the primary care PA's is higher than the mean score of the surgical PA's on both the MCQ Section of the certifying examination and the Total Test Composite. The differences do not meet the criteria of statistical significance (p .05).

Biographic questionnaires were returned by 171 (38%) of the examinees who took the SA Examination. Tables 4 through 8 show the performance of various groups of the 171 examinees. The results of the statistical comparisons should be reviewed cautiously since only 38% of the examinees responded to the questionnaire.

A comparison of the performance of examinees who have taken PACE to those who have not taken PACE (Table 4) shows that those who have taken PACE score significantly higher on the SA Examination. One explanation for this is the fact that the majority of the 58 examinees who have not taken PACE are still enrolled in a training program.

No statistical analysis was performed for the formally trained versus the informally trained since only 14 (8%) of the examinees were informally trained. The small number of informally trained examinees is not surprising since the testing arrangements were made with training programs.

The comparison of the performance of examinees who had graduated from a primary care PA program to those who had graduated from an SA program (Table 4) showed no statistical difference in the performance of the two groups on the SA Examination.

Table 5 shows the performance of examinees with different number of years of primary care PA experience and different number of years of SA experience. None of the differences in mean performance are statistically significant for the groups with the varying number of years of primary care PA experience. For those with varying number of years of SA experience, the mean performance of the examinees with 1 to 3 years of SA experience is significantly higher than the mean performance of examinees with no SA experience.

Comparisons concerning formal surgical training are shown in Table 6. Even though examinees who have received formal surgical training have a higher mean score on the SA Examination than those examinees who have not had any formal surgical training, the difference in mean performance is not statistically significant. Of those who have had formal surgical training, graduates of training programs that last longer than 6 months score significantly higher than both examinees who have had less than 3 months of training and those who have had 3 to 6 months of training.

Tables 7 and 8 show comparisons of examinees classified by their job description. Those examinees who spend no time in a physician's office score significantly higher on the SA Examination than those who spend 50 to 100% of their time in a physician's office. Examinees who spend some of their time working in the emergency room score significantly higher on the examination than those examinees who spend no time in the emergency room. Those examinees who spend 1 to 49% of their time in the operating room score significantly higher than both those who spend no time in the operating room and those who spend 50 to 100% of their time in the operating room. Examinees who spend no time with hospital in-patients score significantly lower than those who spend some time with hospital in-patients, and the same is true for those who spend no time with hospital out-patients and those who spend some time with hospital out-patients. It thus appears that examinees who have a wide range of working experience perform better on the SA Examination than those who spend all their time in one area.

III. CONCLUSIONS

The results of the field test showed that there is a difference in performance on the SA Examination and the Primary Care Certifying Examination depending on the specialization area of the examinee. The surgical PA's do better on the SA Examination, and the primary care PA's do better on the PACE. It can also be seen that for the 47 surgical PA's who took the SA Examination and either the 1978 or 1979 PACE, their mean performance on the SA Examination (X=575) is higher than their mean performance on both the MCQ Section of the PACE (X=494) and the Total Test Composite (X=476). We had hoped to do more comparisons between the SA Examination and the 1979 PACE which had been broken down into subject categories, but the number of examinees taking the 1979 PACE was not large enough. The results seem to indicate that a specialty examination is needed for surgical PA's in addition to the primary care examination. Since the majority of the biographical data was limited to 38% of the examinees, it seems wise to allow all interested examinees to sit for the examination.

Based on the statistical analyses, the NCCPA moved to include an elective Special Proficiency Examination in Surgery to all candidates eligible for the 1980 PACE. The SA Examination will be built around the survey shown in Appendix 2, but, because of security considerations, will not be the same examination administered in this pilot study.

IV. FINANCIAL REPORT

Personnel	
365 hours x $16.67 225 hours x $ 6.00	$ 7,434.55
Travel	2,702.68
Printing	215.00
Telephone	350.00
Postage	300.00
Examination Administration	10,543.00
Total	$21,545.23

American College of Surgeons Contribution $21,481.00

PHYSICIAN'S ASSISTANTS SURGICAL EXAMINATION
Field Test - Spring 1980

TABLE 1

Statistical performance of the examination. Statistics are based on total examinee population of 450.

k	Mean P	Mean r	Reliability
98	.58	.32	.82

TABLE 2

Comparison of performance of PA's versus SA's. Classifications were given to us by the NCCPA. Eleven people were not classified into either group.

	n	Mean	S.D.	T-Test
PA	260	468.98	87.36	$p < .01$
SA	179	544.23	102.42	

PHYSICIAN'S ASSISTANTS SURGICAL EXAMINATION
Field Test - Spring 1980

TABLE 3

Performance of 123 examinees who took the SA Examination and either the 1978 or 1979 PA Examination. The examinees are divided into two groups, PA's and SA's, and comparisons are made between the two groups on their performance on the SA exam, the MCQ section of the PA exam, and the Total Test Score of the PA exam.

SA Examination

	N	Mean	S.D.	Total Test
PA	76	501.20	66.50	$p < .01$
SA	47	575.38	62.02	

MCQ Section of PA Examinations

	N	Mean	S.D.	Total Test
PA	76	523.96	91.94	$p < .20$
SA	47	494.17	112.88	

Total Test Score of PA Examinations

	N	Mean	S.D.	Total Test
PA	76	500.86	60.43	$p < .10$
SA	47	476.38	86.28	

PHYSICIAN'S ASSISTANTS SURGICAL EXAMINATION
Field Test - Spring 1980

TABLE 4

Statistics based on 171 examinees who took the SA Examination and returned a biographic questionnaire.

Comparison of performance of examinees who have taken PACE versus those who have not taken PACE.

	n	Mean	S.D.	T-Test
Took PACE	113	538.83	90.3	$p < .01$
Did Not Take PACE	58	463.45	94.83	

Comparison of performance of Formally Trained Examinees versus Informally Trained Examinees.

	n	Mean	S.D.	T-Test
Formally Trained	157	512.3376	97.8150	No analysis was performed because of the small number of informally trained examinees
Informally Trained	14	523.6429	107.217	

Comparison of performance of examinees who graduated from a PA Program versus those who graduated from a SA Program.

	n	Mean	S.D.	T-Test
PA Program	103	513.7961	98.2348	Not significant
SA Program	47	518.0426	91.0255	

PHYSICIAN'S ASSISTANTS SURGICAL EXAMINATION
Field Test - Spring 1980

TABLE 5

Statistics based on 171 examinees who took the SA Examination and returned a biographic questionnaire.

Comparison of performance of examinees with different number of years of primary care PA experience.

	n	Mean*	S.D.
No experience	103	513.5049	107.0286
1-3 years	42	506.7381	79.1159
4-8 years	25	516.0000	87.5462

*None of the differences in mean performance are statistically significant.

Comparison of performance of examinees with different number of years of SA experience.

	n	Mean	S.D.	T-Test
No experience	87	490.8046	87.3424	
1-3 years	53	549.7547	89.7368	$p < .01$*
4-10 years	31	513.9032	123.0689	

*The mean performance of the examinees with 1-3 years of SA experience is significantly higher than the mean performance of examinees with no SA experience.

PHYSICIAN'S ASSISTANTS SURGICAL EXAMINATION
Field Test - Spring 1980

TABLE 6

Statistics based on 171 examinees who took the SA Examination and returned a biographic questionnaire.

Comparison of performance of examinees who have Formal Surgical Training versus those who do not.

	n	Mean	S.D.	T-Test
Formal Training	135	517.67	99.46	Not significant
No Formal Training	36	496.75	93.46	

Comparison of performance of examinees who have graduated from Formal Surgical Training Program of varying lengths.

	n	Mean	S.D.	T-Test
< 3 months	37	486.19	75.06	$p < .01$*
3-6 months	15	470.20	87.10	$p < .05$*
≥ 6 months	82	542.16	104.20	

*The mean performance of these two (2) groups is significantly lower than the mean performance of the group of examinees who had 6 or more months of Formal Surgical Training.

PHYSICIAN'S ASSISTANTS SURGICAL EXAMINATION
Field Test - Spring 1980

TABLE 7

Statistics based on 171 examinees who took the SA Examination and returned a biographic questionnaire.

Comparison of performance of examinees who spend different amounts of time working in a physician's office.

	n	Mean	S.D.	T-Test
No time in office	96	525.31	109.09	$p < .05$*
1-49% of time in office	31	517.4839	80.3114	
50-100% of time in office	44	484.00	78.8605	

*Difference in mean performance of examinees who spend none of their time in a physician's office and those who spend 50-100% of their time in a physician's office. The remaining differences are not statistically significant.

Comparision of performance of examinees who spend different amounts of time working in the emergency room.

	n	Mean	S.D.	T-Test
No time in ER	94	494.10	98.57	$p < .01$
Some time in ER	77	536.65	93.43	

PHYSICIAN'S ASSISTANTS SURGICAL EXAMINATION
Field Test - Spring 1980

TABLE 8

Statistics based on 171 examinees who took the SA Examination and returned a biographic questionnaire.

Comparison of performance of examinees who spend different amounts of time working in the operating room.

	n	Mean	S.D.	T-Test
No Time in OR	67	484.40	87.82	
1-49% of Time in OR	59	556.44	98.97	$p < .01$*
50-100% of Time in OR	45	499.58	94.40	

* Examinees who spend 1 to 49% of their time in the operating room score significantly higher than the examinees in the other two (2) groups.

Comparison of performance of examinees who spend different amounts of time working with hospital in-patients.

	n	Mean	S.D.	T-Test
No Time with IP	60	477.98	92.87	$p < .01$*
1-49% of Time with IP	80	521.94	91.10	
50-100% of Time with IP	31	559.16	105.38	

* Examinees who spend none of their time with the hospital in-patients score significantly lower than the examinees in the other two (2) groups.

Comparison of performance of examinees who spend different amounts of time with hospital out-patients.

	n	Mean	S.D.	T-Test
No Time with OP	130	504.83	101.31	$p < .05$
Some Time with OP	41	540.00	83.83	

APPENDIX 1

NATIONAL COMMISSION
ON CERTIFICATION OF PHYSICIAN'S ASSISTANTS
3384 Peachtree Road, N.E.
Suite 560
Atlanta, Georgia 30326
(404) 261-1261

___ ___ Please note any address change below:

___ ___

1. Supervising Physician's Name: _____

2. Supervising Physician's Address: _____

3. Supervising Physician's Board Specialty (ies): _____

4. Are you a graduate of a formal training program? ___Yes ___No
If yes, which one? _____
Date of graduation ___/___
Mo. Yr.

5. Are you currently practicing as a surgeon's assistant? ___Yes ___No
(If no, you need not complete the remainder, but please return this form.)

6. Please indicate the per cent of time you spend in each of the following in a typical month:

a. Out-patient clinics or physician's office ___%
b. In-patient wards, CCU/ICU units ___%
c. Operating Room ___%
d. Emergency Room ___%
e. Other (please specify) ___%
_____

Total 100 %

7. Please indicate the per cent of time you spend with patients suffering from injuries resulting from trauma: ___%

8. Please indicate the per cent of your time devoted to each of the following specialty areas in a typical month:

a. General Surgery ___%
b. Orthopedics ___%
c. Urology ___%
d. Gynecology ___%
e. Neurosurgery ___%
f. Cardiovascular/Thoracic ___%
g. Plastic Surgery ___%
h. Primary Care ___%
i. Other (Please specify) ___%
_____

9. Please indicate your responses for the following specific tasks:

TASK	Have you been trained to do the task?	Do you currently perform this task?	How many in a typ month?
A. Perform admissions history	Yes__ No__	Yes__ No__	
B. Perform physical examination	Yes__ No__	Yes__ No__	
C. First assist in operation (in which you are required to perform such activities as clamping and ligating vessels, etc.)	Yes__ No__	Yes__ No__	
D. Give instructions about bronchial toilet post-operatively	Yes__ No__	Yes__ No__	
E. Close incision in the absence of a physician in the operating room	Yes__ No__	Yes__ No__	
F. Position, drape patient and begin operation	Yes__ No__	Yes__ No__	
G. Order blood transfusion	Yes__ No__	Yes__ No__	
H. Remove endo-trachial tube	Yes__ No__	Yes__ No__	
I. Manage total parenteral nutrition	Yes__ No__	Yes__ No__	
J. Manage controlled ventillation	Yes__ No__	Yes__ No__	
K. Initiate management of post-operative oliguria	Yes__ No__	Yes__ No__	
L. Perfrom thoracentesis	Yes__ No__	Yes__ No__	
M. Perform subclavia and/or jugular punctures	Yes__ No__	Yes__ No__	
N. Determine need for and order antibotics	Yes__ No__	Yes__ No__	
O. Apply plaster cast	Yes__ No__	Yes__ No__	
P. Initiate post-mastectomy exercise	Yes__ No__	Yes__ No__	
Q. Order post-operative insulin	Yes__ No__	Yes__ No__	
R. Initiate treatment for hypertension	Yes__ No__	Yes__ No__	
S. Counsel patient and family concerning post operative depression	Yes__ No__	Yes__ No__	
T. Draw arterial blood gasses	Yes__ No__	Yes__ No__	
U. Perform Sigmoidoscopy	Yes__ No__	Yes__ No__	
V. Perform excision and drainage of sebaceous cyst	Yes__ No__	Yes__ No__	
W. Other (please specify) _____ _____ _____	Yes__ No__	Yes__ No__	

EXPERIMENTAL SURGEON'S ASSISTANT EXAMINATION STATUS REPORT

LOCATION	NUMBER OF EXAMS SENT	NUMBER OF EXAMS RETURNED	NUMBER OF EXAMINEES	EXAM DATE	COMPLETE ROSTER RECEIVED	DATA IN COMPUTER	TYPE OF P.A.	
							PRIMARY CARE	SURGEON'S ASSISTANT
Henry L. Laws, M.D. Associate Professor The University of Alabama in Birmingham, Dept. of Surgery Division of General Surgery University Station Birmingham, AL 35294 Tel.No. (205) 934-5096	30	30 NBME	20	Aug.15, 1979	Yes	Yes		X
Raymond A. Sasaki, Program Director Cuyahoga Community College Western Campus 11000 Pleasant Valley Road Parma, OH 44130 Tel.No. (216) 845-4000, X. 414	35	35 NBME	28	Dec.13, 1979	Yes	Yes	X	X
Ms. Bettye Epstein, RPA Assistant to the Director Surgeon's Assistant Program Cornell University, 1300 York Avenue New York, NY 10021 Tel.No. (212) 472-6016	30	30 NBME	24	Dec. 5, 1979	Yes	Yes		X
Mrs. Linda Brandt, Coordinator PA Surgical Residency Program Norwalk Hospital Yale University School of Medicine Norwalk, CT 06856 Tel.No. (203) 852-2188	45	45 NBME	26	Nov.17, 1979	Yes	Yes		X
Jeffrey M. Euart, RPA-C City Hospital, 147 NW 27th Avenue Opalocka, FL 33054 Tel.No. (305) 688-3511	11	11 NCCPA	11	Jan.25, 1980	Yes	Yes	X	

Prepared 5-6-80/CLC

LOCATION	NUMBER OF EXAMS SENT	NUMBER OF EXAMS RETURNED	NUMBER OF EXAMINEES	EXAM DATE	COMPLETE ROSTER RECEIVED	DATA IN COMPUTER	TYPE OF P.A.	
							PRIMARY CARE	SURGEON'S ASSISTANT
Richard G. Rosen, M.D. Program Director or Richard Gemming, RPA-C Associate Director Montefiore Hospital & Medical Center Albert Einstein College of Medicine Postgraduate Surgical P.A. Program 111 East 210th Street Bronx, NY 10467 Tel.No. (212) 920-6223	40	40 NBME	38	Dec. 1, 1979	Yes	Yes		X
Robert H. Curry, M.D., Director Anne Flewelling, Assistant Director Physician Associate Program Emory University Division of Allied Health Professions P. O. Box 22095 Atlanta, Georgia 30322 Tel.No. (404) 329-7825	20	20 NBME	15	Dec. 20, 1979	Yes	Yes	X	
Rowena Sobczyk, M.D. Acting Program Director Physician's Assistant Program Medical University of South Carolina 80 Barre Street Charleston, SC 29401 Tel.No. (803) 792-4366	24	24 NBME	20	Dec. 14, 1979	Yes	Yes	X	
Ms. Beth McIntosh Physician's Assistant Program Medical University of South Carolina 80 Barre Street Charleston, SC 29401 Tel.No. (803) 792-4366	12	12 NCCPA	8	Feb. 27, 1980	Yes	Yes	X	

Prepared 5-6-80/GH

LOCATION	NUMBER OF EXAMS SENT	NUMBER OF EXAMS RETURNED	NUMBER OF EXAMINEES	EXAM DATE	COMPLETE ROSTER RECEIVED	DATA IN COMPUTER	TYPE OF P.A.	
							PRIMARY CARE	SURGEON'S ASSISTANT
Suzanne B. Greenberg Program Director Physician Assistant Program Northeastern University, Robinson 202 Boston, MA 02115 Tel.No. (617) 437-3195	45	45 NBME	37	Jan.25, 1980			X	
Evelyn Eskin Major, Program Director Physician's Assistant Program College of Allied Health Professions Hahnemann Medical College 230 North Broad Street Philadelphia, PA 19102 Tel.No. (215) 448-7135	90	90 NBME	75	Mar.20, 1980			X	
Captain Clayton Enders 26925 South West 142nd Place Homestead AFB Naranja, FL 33032 Tel.No. (305) 257-8628	10	10 NCCPA	7	Jan.24, 1980	Yes	Yes	X	
Janice Vinicky-Page, PA-C Assistant Director Lake Erie College Cleveland Clinic PA Program 391 West Washington Street Painesville, Ohio 44077 Tel.No. (216) 352-3361, X. 381	50	50 NCCPA	41	Feb.29, 1980	Yes	Yes	X	X
David E. Lewis, Ed.D., Director Physician's Assistant Program Dept. of Community Health & Family Medicine, Box J-222 J. Hillis Miller Health Center University of FL/College of Medicine Gainesville, FL 32610 Tel.No. (904) 392-4526	80	80 NCCPA	51	Feb.20, 1980	Yes	Yes	X	X

Prepared 5/6/80/JC

EXPERIMENTAL SURGEON'S ASSISTANT EXAMINATION STATUS REPORT

LOCATION	NUMBER OF EXAMS SENT	NUMBER OF EXAMS RETURNED	NUMBER OF EXAMINEES	EXAM DATE	COMPLETE ROSTER RECEIVED	DATA IN COMPUTER	TYPE OF P.A.	
							PRIMARY CARE	SURGEON'S ASSISTANT
Dean R. Stelton, PA-C Program Director Physician's Assistant School Marshfield Medical Foundation 510 North St. Joseph Avenue Marshfield, WI 54449 Tel.No. (715) 387-5176	40	40 NCCPA	33	Feb. 9, 1980	Yes	Yes	X	X
Capt. David H. Gwinn Department of the Air Force Hq. A.F. Medical Services Center Clinical Consultants Division (SGPC) Brooks A.F.B., Texas 78235 (San Antonio) Tel.No. (512) 536-2031, X. 2379	30	30 NCCPA	15	Mar.11, 1980	Yes	Yes	X	

Prepared 5-6-80/GJC

APPENDIX 3

National Commission on Certification of Physician's Assistants, Inc.

3384 PEACHTREE ROAD, N. E., SUITE 560
ATLANTA, GEORGIA 30326
(404) 261-1261

Executive Committee

Raymond H. Murray, M.D. – President
Capt. David H. Gwinn, PA-C – Vice President
Edmund C. Casey, M.D. – Secretary
Robert B. Bruner, FACHA – Treasurer
J. Rhodes Haverty, M.D. – Past President

Executive Director
David L. Glazer

TO: ___ ___

SUBJECT: Experimental SA Examination Performance Report

___ ___

FROM: Henry R. Datelle, Ed.D.
Assistant Director

DATE: July 9, 1980

Enclosed please find your performance report for the experimental SA examination administered by NCCPA last spring. The report also includes keyword feedback which may be of value to you in preparing for some future examination.

The data from this experimental administration provided NCCPA with adequate evidence to justify the administration of a proficiency examination in surgery for physician's assistants, to be offered for the first time on October 9th of this year.

NCCPA again thanks you for your participation and has awarded you two (2) hours of Category I CME credit. You do need to submit these hours in writing to the American Academy of Physician Assistants (AAPA) for the appropriate credit.

If we can be of any assistance to you in the future, please don't hesitate to contact us.

Member Organizations

American Academy of Physician Assistants • American Medical Association • American Academy of Family Physicians
American Academy of Pediatrics • American College of Physicians • American College of Surgeons • American Hospital Association
American Nurses' Association • American Society of Internal Medicine • Association of American Medical Colleges
Association of Physician Assistant Programs • U.S. Department of Defense • Federation of State Medical Boards of the U.S.
National Board of Medical Examiners

1980 CERTIFYING EXAMINATION FOR PRIMARY CARE PHYSICIAN'S ASSISTANTS

PERFORMANCE REPORT

NAME: I.D.# SOC.SEC.#

MCQ	PMP-D/G	PMP-M/T	CSP*	TOTAL TEST	P/F
504	567	514	500	520	PASS

*MAXIMUM ALLOWABLE SCORE ON CSP= 500

THE SCORES YOU RECEIVED ON THIS EXAMINATION ARE LISTED ABOVE. AN EXPLANATION OF THE SCORES AND THE PASS/FAIL DECISION IS GIVEN ON THE ENCLOSED SCORE INTERPRETATION SHEET.

A LIST OF THE ABBREVIATIONS USED IN THE KEYWORD MESSAGES FOR THE MCQ ITEMS WHICH YOU ANSWERED INCORRECTLY IS ENCLOSED WITH THIS REPORT. WE HOPE THAT THESE KEYWORDS WILL BE HELPFUL TO YOU IN PLANNING YOUR CONTINUING EDUCATION PROGRAM.

MCQ ITEMS ANSWERED INCORRECTLY

MMT-NEPHROPTOSIS
CLIN FEAT-ASEPTIC MENINGITIS
MMT+PRIORITIES-HEAT STROKE
DDX-RECURRENT UTI IN MALES
MMT-BREAST DISCHG PT ON METHYLDOPA
MMT-BLOODY DISCHG+LESION ON CERVIX
REL-GENETIC FACTORS/SKIN DISEASES
PTI-BULLOUS LESIONS OF EARDRUM
EVAL-PETECHIAE 1 WK AFT URI
EVAL-RISK OF RESP DISTRESS SYNDROME
CLIN FEAT-ULNAR NERVE PARALYSIS
MMT-NEONATAL HYDROCELE
EVAL-EFF OF HEPARIN
LAB EVAL OF CHILD W SHORT STATURE
DDX-CONTINUOUS MURMUR IN CHILD
DDX-SWELL+PAIN 5DAYS AFT HAND WOUND
MMT-LOCATION OF LOST IUD
DDX-NEONATAL REFLEXES AT 1YO
EVAL-ARM ATROPHY+HORNER SYND IN 60YO
DDX-5YO F W FOUL-SMELL VAGINAL DISCHG
DDX-2YO W PALPABLE SPLEEN+FH SPLENECT
INJ-OPEN REDUCTION OF FRACTURE
PTI-RESP DISTRESS/STAINED AMNIOTIC FL
PIX DX+MMT-ORBITAL CELLULITIS
DDX-URI+NECK SWELLING
REL-NONREM EYE MOVE/SLEEP DISTURBANCE
TRT-BIZARRE RESPONSE-RE PSYCH DDX
PTI-HOARSENESS
TECH-SKIN CLOSURE AFT ABD OPERATION
PGN-CHILD OF UNWED MOTHER
EVAL-RISK OF SUICIDE W DEPRESSION
TECH-TESTING 7TH CRANIAL NERVE

(CONTINUED ON NEXT PAGE)

NAME ID NUMBER

MCQ ITEMS ANSWERED INCORRECTLY

EVAL-POSSIBILITIES OF CA OF ESOPHAGUS
DDX-EJECTION MURMUR 2ND L INTERCOS SP
DDX-SYSTOLIC MURMUR RADIA TO CAROTIDS
TRP BL SMEAR-INFECTIOUS MONONUCLEOSIS
TRP BL SMEAR-MEGALOBLASTIC ANEMIA
ISCHEM VS STASIS ULCER-REL-MED MALEOL
ISCHEM VS STASIS ULCER-REL-BED REST
ISCHEM VS STASIS ULCER-REL-STOCKINGS
RHEUM ARTH VS DEGEN JT DIS-WRIST
PLEUR EFFUS VS LOBE CONSOL-FREMITIS
SUB VS EPIDURAL HEMATOMA-REL-TRAUMA
SUB VS EPIDURAL HEMATOMA-REL-MMT
CLIN FEAT-ATRIAL SEPTAL DEFECT
FACTORS-INC RISK NOSOCOMIAL INFECTION
FEATURES-SYSTOLIC EJECTION MURMUR
INDICATIONS-ANTIHISTAMINES
MMT-LIDOCAINE/SUTURE MINOR LACERATION
RISK FACTORS FOR DVLPMT/RENAL CALCULI
TRP-REACTIVE NONSTRESS TEST
MMT-PRIORITIES-NEAR-DROWNING
CLIN FEAT-CEREBRAL PALSY
FEATURES-ATOPIC ECZEMA IN INFANT
CLIN FEAT-DIVERTICULITIS
CLIN FEAT-BELL PALSY
FEATURES-NORMAL ANEMIA OF INFANT
EVAL-ABO INCOMPATIBILITY IN 1ST 24HRS
ETI-ARTERIAL EMBOLISM
REL-HORMONE DEFICIT/HYPOPITUITARISM
CLIN FEAT-INGESTION OF ACETAMINOPHEN
ETI-THYROID ENLARGEMENT/COLD NODULE
CLIN FEAT-SEROUS OTITIS MEDIA
FEATURES-TESTICULAR TORSION
XR DX-CALCIUM/ABD-WOMAN W ABD PAIN
CLIN FEAT-CARDIAC TAMPONADE
COUNSELING RE-CHILD DISCIPLINE
CLIN FEAT-CONGEST HEART FAIL/INFANTS
FEATURES-STRABISMUS IN CHILDREN
PIX DX+FEAT-CATARACTS IN INFANT
TECH+MMT-SOFT KOROTKOFF SOUNDS/BP
DDX-HIGH LEVEL OF TSH
ETI-ADENOIDAL HYPERTROPHY
INDICATIONS FOR BONE SCAN
CPL-TWIN GESTATION
TRP-RINNE AND WEBER TESTS
EVAL-AMENORRHEA+GALACTORRHEA IN 25YO

THIS IS THE LAST PAGE OF YOUR 2 PAGE REPORT