

Summary Report - May 2013

2013 ASPHO Review Course Follow Up Survey

1. What was your primary reason for attending the 2013 Review Course?

Value	Count	Percent
Preparation for initial certification in pediatric hematology/oncology (April 16, 2013 ABP Sub-board Examination)	80	75.5%
Preparation for Part 3 of the ABP's Program for Maintenance of Certification in Pediatric Subspecialties Examination in 2013	15	14.2%
Preparation for Part 3 of the ABP's Program for Maintenance of Certification in Pediatric Subspecialties Examination (recertification) in 2014	4	3.8%
Other (Specify)	7	6.6%
Total Responses	106	

2. What is your level of agreement with the following statement: The ASPHO Review Course provided effective preparation for the ABP Sub-board Examination in Hematology-Oncology / OR / the ABP Maintenance of Certification in Pediatric Subspecialties Examination (Hematology-Oncology).

Value	Count	Percent
Strongly agree	60	57.7%
Agree	29	27.9%
Neutral	6	5.8%
Disagree	3	2.9%
Strongly disagree	2	1.9%
Not Applicable	4	3.9%
Total Responses	104	

3. Red blood cells:

Value	Count	Percent
Extremely valuable (4)	56	54.4%
Valuable (3)	43	41.8%
Somewhat valuable (2)	4	3.9%
Not valuable (1)	0	0.0%
Total Responses	103	

4. You rated "red blood cells" a 1 or 2, please explain:

alpha-thal was overemphasized on the exam compared to what was presented in the review questions were much more in depth rather than just general questions
the exam was intense on this section, the emphasis of the course was lighter

5. White blood cells:

Value	Count	Percent
Extremely valuable (4)	47	45.6%
Valuable (3)	51	49.5%
Somewhat valuable (2)	5	4.9%
Not valuable (1)	0	0.0%
Total Responses	103	

6. You rated "white blood cells" a 1 or 2, please explain:

I think it was helpful
difficult to understand, small yield
The lecture did not follow the ABP content outline well, but that being said, there weren't that many questions regarding WBC this year

7. Hemostasis

Value	Count	Percent
Extremely valuable (4)	63	61.2%
Valuable (3)	37	35.9%
Somewhat valuable (2)	3	2.9%
Not valuable (1)	0	0.0%
Total Responses	103	

8. You rated "hemostasis" a 1 or 2, please explain:

Great VWB prep, hemophilia less so

9. Cancer

Value	Count	Percent
Extremely valuable (4)	56	53.9%
Valuable (3)	45	43.3%
Somewhat valuable (2)	3	2.9%
Not valuable (1)	0	0.0%
Total Responses	104	

10. You rated "cancer" a 1 or 2, please explain:

Review on NRSTS needs to include more detail on each entity. Translocation in leukemia's in Down syndrome needs to be visited. Relapsed Wilms treatment needs to be discussed. Individual viruses in lymphomas need to be mentioned.

Some of the real exam questions (CNS,PARTICULARLY) were too complex and required additional knowledge

my primary area of practice so at the level of re-cert there was little of value-this is the part I knew

11. Stem cell transplantation

Value	Count	Percent
Extremely valuable (4)	33	31.7%
Valuable (3)	50	48.1%
Somewhat valuable (2)	19	18.3%
Not valuable (1)	2	1.9%
Total Responses	104	

12. You rated "stem cell transplantation" a 1 or 2, please explain:

Did not cover conditioning regimens or inborn errors of metabolism.

Lecture was more of a what we have done, not what you do in this certain circumstance...

Need to provide more concise and precise details.

The lecture had multiple errors and was not high yield or clearly taught.

The lecture was not good and did not provide much information.

There were quite a few questions on SCT and much of this information wasn't covered.

he hit most areas some not even discussed

needs more specific information. Was too generalized to be helpful for the exam.

the lecture could have been better structured

very reasonable but slides were very, very difficult to read

did not cover abp board specifications for questions that ALWAYS come up like GVHD risk, donor selection

I was surprised by how many questions on exact conditioning regimens for different diseases were included on the boards.

I didn't feel as though enough clinical, practical material was covered (e.g. how to pick the best donor.)

Would have been more helpful to address content outline as other speakers did. This talk gave a broad overview, but more depth on specific choice of donor, types of conditioning, etc. would have been helpful as there were questions like this on the exam.

Based only on the in-training exam 3/2014, I think the content on donor selection should be added. The rest of the contents are good.

I didn't think the lecturer covered SCT or the content outline very well (although I am a tough critic since I am a transplant)

Honestly, Dr. Koh did not do a great job. Part of it is the subject matter (SCT is often very idiosyncratic and not data-driven) but part of it is also 1) that he did not teach the things that are really centrally agreed-upon (things like basic tenets of donor selection and characteristics of different grafts), and 2) that his expertise is more in the ID-SCT confluence, which is clinically very useful but not central to boards. Also, he made several factual errors in his talk (one of which was huge - and publicly called out by Ellis Neufeld afterward).

The stem cell lecture was dynamic, but in terms of board content topic, it was very minimal. I don't think case based formats work well for board review. More specifics over donor selection, GVHD, and infectious disease timing would have been helpful.

Too empiric. I disagreed with some of his interpretation of data. Did not follow the abp outline very well

Role of SCT in metabolic disorders (e.g. Hurler syndrome) and the implications of CMV+ donor for CMV- recipients need to be discussed.

13. Transfusion medicine

Value	Count	Percent
Extremely valuable (4)	54	54.0%
Valuable (3)	45	45.0%
Somewhat valuable (2)	1	1.0%
Not valuable (1)	0	0.0%
Total Responses	100	

15. Research methods

Value	Count	Percent
Extremely valuable (4)	29	28.4%
Valuable (3)	66	64.7%
Somewhat valuable (2)	7	6.9%
Not valuable (1)	0	0.0%
Total Responses	102	

16. You rated "research methods" a 1 or 2, please explain:

I think the topic was covered well but the application was much different on test questions were so cumbersome and was not straight forward.

it was a lot of information to be covered and one suggestion is to make time for this section a bit longer.

I have a masters degree already in clinical trials and so did not feel that I needed the additional review.

Lillian Sung clearly knows a lot about biostatistics and study design. She is also a very good lecturer. However, most of that is not relevant to the boards. My suggestion would be to increase the research methods content on the boards or shorten the lecture.

There were not many questions on the exam in this topic, and the questions were VERY basic. The review course lecture was excellent, but a bit "overkill" for what was actually tested.

didn't understand it before, still don't understand it much better, and it was my lowest grade on the exam.

17. How valuable was the Online Review Course as you prepared for your exam?

Value	Count	Percent
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Extremely valuable	49	47.1%
Valuable	29	27.9%
Somewhat valuable	4	3.9%
Not valuable	0	0.0%
Did not use	22	21.2%
Total Responses	104	

18. What specific suggestions do you have for either the Review Course or the Online Review Course?

I also found the hemophilia/clotting lectures to be less informative than I had hoped.

I would suggest to probably add another half day to make the sessions a little less intense.

More cases or management issues in HSCT as well as in the thrombosis section and VWD sections.

Perhaps make it one day longer - that was a lot of information in a short time frame

Review the PREP questions these seem to be outlined like the test

The handouts were too small to read. Too much text on certain slides.

i haven't taken the exam yet.

maybe needs some adjustment for computer based format.

more case based approach?

neuroblastoma was another great talk with no relevance to board prep.

very good and valuable course

If it is possible to take all the practice questions written by all of the lecturers and randomize them and take it as a "practice test" I think that would be helpful. Knowing which lecture the questions were associated with led me to answer one way whereas I may have answered a different way if I had not known with which lecture a particular question was associated.

For the speakers who took the time to delineate the content outlines in their lectures, it was very helpful to use while studying. A few of the speakers where a little monotone, but overall it was a great class. It would've been better if the handouts were in color!!

When the explanations are displayed after taking the online test, it would be useful if the questions and options are displayed in the same page. Often it states answer is C. Then I have to go to the previous page to find the answer. Lot of questions in the boards were one liners as opposed to clinical vignettes as explained in the he course.

This was an excellent course. It was very thorough. Most of the speakers did a great job covering so much material in just an hour. The ones that stood out include Guy Young, George Buchanan, and the speakers for hemoglobinopathies, bone marrow failure, brain tumors, sarcomas, both leukemia speakers. I would suggest that you recommend all speakers follow the ABP content outline for their talk. I think there are better speakers that you could have chosen for hemostasis (I'd recommend Diane Nugent). Overall, this was a fantastic course and I'm glad I took it.

I would have Germ Cell tumors and rare tumors split into 2 sessions. It was too much information, too quickly reviewed. Great job considering.

I don't know if it is because this is the first time that the boards have been given on computer, but many of the things tested on either were completely missing from the review or were only superficially covered. There were a large number of questions on immunology- far more than the review course suggested there would be. The immunology lecture was very well presented but did not cover enough of the material. There were also quite a few straight out translocation questions (e.g.. this immunophenotype in leukemia would have this translocation). Since this appears to be tested as a straight off memorization exercise, a list of these in the review material would be useful. The transplant and the chemotherapy lectures had little relevance to any of the board questions on these topics. Interestingly, the boards asked a number of questions in a format that is supposedly not to be used in these types of tests (which of the following is not matched with.....).

More questions! There can never be too many questions, in my opinion. I would also suggest a change in presenters for the following talks: chemotherapy, sarcomas, hemophilia/thrombosis.

The majority of lectures were excellent. Overall it was a great experience and I would highly recommend it to my peers. There were a couple of lectures that were not as good, specifically Chemotherapy and Thrombosis. Chemotherapy/Pharmacology is a huge topic that was very superficially covered in the review, and was not very helpful relative to what was on the exam. I think it would be better divided into two lectures and covered in more detail. There were also some questions on the exam about supportive care pharmacology (i.e. antiemetics) that were not covered at all. The Thrombosis lectures were terrible. Very elementary, more like resident level information. There was a considerable amount of information that was not covered at all, or was very basic. The lecturer seemed very uncomfortable, nervous, and uncertain, as though she were a resident or fellow giving the talk. Please find another speaker to cover this topic. There were several questions on metabolic diseases (not Gaucher) that were not covered at all in the review. It is not a large amount of information and could easily be added. It was invaluable having the lectures online to go back and listen again in my second review. The morphology sessions were very helpful also. Dr. Young's lectures on hemostasis were some of the best I have heard. The review questions were good, although it would have been more helpful in an electronic question-by-question set-up (i.e. Prep questions). For most of the sections, when reviewing the answers to the questions, it did not indicate which my own answer was (i.e. Your answer: A; Correct answer: C.), only telling what the correct answer was. A more interactive and question-by-question format would be more user-friendly and more like the exam. Regarding the accommodations for the course, the hotel was very nice, but the food was not good. The coffee/beverage service was taken away too early, a couple of hours before lunch as I recall. There should at least be coffee, tea, water, etc. available the entire time we are in lectures. The boxed lunches were not good (the sandwiches were wet and soggy), certainly not on par with the expense of the hotel.

Improve the consistency and quality of the slides. These are the basis for review of the material for the exam. While many were clear, quite a number were unnecessarily confusing, either because of issues like color slides printed in black and white, very small font, or not clearly indicating what was the essential material and what was merely descriptive.

Several of the talks/presentations included state-of-the-art treatment/research developments that are not tested and unnecessary for the review course. It would be helpful to fix typos identified before uploading to the online site for prosperity.

This course was run at a maniacal speed, but it was very effective. Most helpful was the statistics section - I probably would have failed that without the course and I got 12 of 13 correct because of the course. I believe the board examination does not correlate with whether one is a knowledgeable competent physician, but I do believe that a knowledgeable competent physician has a good chance of failing the boards without taking this review course. I would advise anybody to take this course before taking the boards. I got an 88% thanks to the course.

when a slide is hard to read, i.e., a table with small font, put a "blown up version" in the course book- you wouldn't need a medical person to review all of the slides, anyone can see if the text is too small to read in the copy of the slide in the book!

Of the new lecturers, Leo Mascarenhas was fantastic. Andy Koh was not. Getting someone who is more clinical to give that talk (Christy Duncan?) would be great. Courtney Thornburg was awful - she seemed incredibly nervous and unsure of herself. Of the return lecturers, Guy Young made a couple of significant mistakes (vWD 2N is NOT auto dominant) but was pretty good. George Buchanan spent far, far too much time on iron metabolism - and many of his slides were superfluous. Ellis Neufeld's talk was phenomenal. So were Ambruso, Cohen, and Hunger. One specific suggestion/request: correlating the lecture material to the ABP content outline is enormously beneficial. Please strongly encourage your lecturers to call that out somehow in their lecture slides.

Those talks which were specific to content format as outlined by ABP were probably the most useful and very appreciated.

Need a better review on hemoglobinopathies using Board style questions. Many questions give the % of various hemoglobin and ask about what type of hemoglobinopathies those are and that's not being addressed on the review. Also lots of question to distinguish ALPs, XL-liphoproliferative dz, LCH etc. with sx of LAD, HSM, rash etc.

Some of the slides are too small to read in the syllabus, some quality control could go a long way. I feel like the course pack was not reviewed carefully. Some of the lectures have too much information for 1 hour, and should be expanded. The lecturer is required to talk too fast which makes the lecture difficult to follow. Research methods and immunology were topics that needed more time in my opinion. It would be extremely useful to have more questions, and more pathology photos.

The questions provided tend to be more "leading" than the questions on the exam. Actually, more than the questions, the incorrect answers provided are easier to eliminate in the board review course questions than those in the real exam.

The course was very helpful, especially the ones that followed the content outline or included the content outline at the end of the presentation. Would recommend that all the lecturers use such a format so it's easier when reviewing to find the answers for the appropriate content outline.

The slides were hard to read in the syllabus. The font was often too small. For the Oncology section, it is hard to memorize all the staging, since in the real world we look that up.

1. Can you include (somewhere in the brochure, or on-line, that the exam questions available on-line for the review course ARE different from the questions provided by the PREP review? 2. Is it possible that PHO physicians taking the Review Course could get MOC credit for this?

The online review videos were great to be able to view after having attended the class. Also, the questions with explanation answers were very important. For me, the paper handouts were not necessary since I did everything on the computer for review (videos, questions, and review slides). But I know others who prefer the paper versions. I do think the study design/research methods/stats section could have been a little more targeted with the material. It seemed like a lot of the lecture was a little too specific on some of the named techniques that were not questioned, but I understand that is a huge area to cover in a short time, and it's only a few questions on the test. suggest to add a topic about radiation therapy. In BMT, please include some information about the BMT treatment in metabolic disorders, for example, what defects can be corrected after BMT, what defects could not be corrected.

I took the course and used the course materials nearly exclusively to prepare for the test. I think what was most frustrating is that I felt very well prepared but the practice questions were misleading. The practice questions always gave at least four points so that the answer seemed clear, on the test 2 points were included so I was never confident about my answer.

This was very valuable course to consolidate and review information needed for the boards. Having the online version was very important for interim studying between the course and the boards. ASPHO should consider coming up with a question book (beyond the one provided during the course). ABP has some questions through the PREP, but they are very expensive. There is one other book, but it is no good because the format of the questions does not match the format on the boards.

If the online review course could be available earlier that would be better. It was great that the online lectures could be accessed via the iphone - it made it easy to listen to during my commute. Even better would be to also have sound files downloadable because the actual lectures were slow to download on the phone just for listening purposes. The PDF handouts weren't easy to enlarge so providing them one per page for review on the phone or ipad would be better. Four slides per page made it hard to see details.

The boards are ridiculous in that CORE content is frequently not a gauge of the questions being asked. The lectures were good prep but there were many topics that the lectures did not cover. I thought overall the lectures were excellent. My concern is more that the boards are not an adequate reflection of heme-onc content. I thought the lectures that were not as good were hemophilia, thrombosis. The best lectures were sarcomas, brain tumors, vwv, thal/hemoglobinopathy, and coag.

the lectures were great as were the course materials. the only thing I would add would be an index of topics so we would know which lectures covered which specific area if we wanted to look up something in more detail

High marks to Guy for a great review on coag. I think I actually understood some things for the FIRST TIME the way he was able to explain things. Several questions on the exam came from your slides (prolonged PTT from test "artifact" in a patient with cyanotic heart disease, urea clot solubility assay for factor XIII deficiency, etc.). I really enjoyed hemoglobinopathies as well. I think a few slides on specific electrophoresis patterns would be helpful (X%A, X%F, X%A2, X% Barts= X disease). This was prevalent on the boards as well. The morphology session was great...very helpful. There was a good amount of immunodeficiency this year (less in past years I heard) as well as cancer predisposition syndromes, so highlighting this would be good. All speakers were very effective. The Education session can be shortened (only 2-3 questions). HSCT needs to be more specific. It was the only talk that I think I didn't get much out of beyond what I already knew (specific conditioning regimens and donor selection criteria review would be helpful). I highly recommend this course though...fantastic review! I will be recommending we incorporate this into our regular fellows board review conference.

Focus more on oncology and transplant as these are most relevant to practice and board exams. Make it one day longer.

Use bigger font in handout

i haven't taken the exam yet

The course was excellent, and the materials provided were all extremely valuable as study guides. Many thanks to all those who presented. I benefited greatly from all the hard work put forth by the coordinators and speakers. I am relieved to have passed the boards, and attribute my success to having taken this course.

would recommend that all the lecturers have some sort of way of indicating which content outline is being discussed so it's easier to find during review process, some from this year did it in the form of a table at the end of their slides. This was extremely helpful.

Each speaker should follow the sub-board specs and highlight these with each slide. Those that did were most helpful. The histiocytosis talk and the nutritional anemia's talk both felt like the missed the mark - speakers were just sharing opinions, not focusing on board review content.

Great course! No specific need for improvement, though I did think that Dallas was perhaps a suboptimal location as there was not much to do at night in the immediate vicinity of the hotel. I definitely enjoyed the mingling/networking opportunities.