Report for 2019 ASPHO Review Course Follow Up Survey



1. What was your primary reason for attending the 2019 Review Course?



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.



Value	Percent	Responses
Strongly agree	23.9%	11
Agree	63.0%	29
Neutral	6.5%	3
Disagree	2.2%	1
Strongly disagree	4.3%	2

3. Red blood cells:



Value	Percent	Responses
Extremely valuable (4)	27.7%	13
Valuable (3)	63.8%	30
Somewhat valuable (2)	8.5%	4

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

4	The coverage of thalassemia was not adequate to the difficulty of the questions on the exam.
15	There were multiple questions on the actual board exam that were not covered in the content material of the lectures.
43	Was a bit quick during the review session and had too much detail

5. White blood cells:



Value	Percent	Responses
Extremely valuable (4)	31.9%	15
Valuable (3)	61.7%	29
Somewhat valuable (2)	6.4%	3

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

ResponseID Response

8 More data on pathologies like leukocyte adhesion defect and Job's syndrome needed at least in the reading material

7. Hemostasis



Value	Percent	Responses
Extremely valuable (4)	51.1%	24
Valuable (3)	46.8%	22
Somewhat valuable (2)	2.1%	1

9. Cancer



Value	Percent	Responses
Extremely valuable (4)	46.8%	22
Valuable (3)	44.7%	21
Somewhat valuable (2)	8.5%	4

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

11	Great from a clinical perspective but the boards were so outdated in questions that I found myself not knowing what to answer
15	There were multiple questions on the actual board exam that were not covered in the content material of the lectures.
22	Lectures gave good overviews of diagnoses and treatments, but chemotherapy was not discussed in lecture and superficially covered in handout while very specific details about chemotherapy was assessed in many questions on the exam
38	Notextremely representative

11. Stem cell transplantation



Extremely valuable (4) 29.8%	14
Valuable (3) 44.7%	21
Somewhat valuable (2) 25.5%	12

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

5	First of all, there were a lot more than expected transplant questions in the test. There were a few questions touching on concepts that were not talk about, neither in the study material, (e.g reverse isolations), best preventive ways to decrease risk of different infections,
8	Focus on infections in HSCT population, and unusual indications like Hurlers syndrome
11	Once again the review course was awesome and I feel very comfortable clinically but the boards were so outdated in their questions that it was confusing based on current practice etc
22	Topics covered were too broad and generalized relative to the detail asked for on the exam
24	Too many irrelevant details in the lecture
25	Course was good but transplant questions in exam were weird
28	There were almost no exam questions on stem cell transplant, although I thought the lecturer in the review course gave an excellent talk.
31	The lecture was interesting however after taking the test there were multiple topics that were not covered
35	A number of stem cell questions on the exam were really covered in the detail they wanted

13. Transfusion medicine



Value	Percent	Responses
Extremely valuable (4)	23.9%	11
Valuable (3)	56.5%	26
Somewhat valuable (2)	13.0%	6
Not valuable (1)	6.5%	3

14. You rated "transfusion medicine" a 1 or 2, please explain:

15	This lecture was not well presented; the lecturer read off the slides directly, and the information content seemed a bit off target for the audience.
18	The transfusion medicine lecture was not helpful at all in helping the information that physicians need to know.
24	Overly detailed at times.
32	I felt this person was trying to review all transfusion medicine and was not targeting the hour to high yield info for the boards.
35	This lecture was more a a medical student lecture. Did not prepare you for the prep questions let alone the actual board questions
43	Way too long. Not a dynamic speaker.
44	Transfusion medicine topics focused more on background/how blood is collected and separated with less focus on clinical scenarios, which was heavily tested on the exam

15. Research methods



Value	Percent	Responses
Extremely valuable (4)	23.9%	11
Valuable (3)	60.9%	28
Somewhat valuable (2)	15.2%	7

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

22	Low yield on exam
23	No new information learned
24	Not enough material for an hour long lecture.
33	I received 3 questions onresearch methods, and on topics not covered in the review. Now I'm trying to remember and it's all a blur. But I feel this might have been helpful as an inperson talk.
37	No lecture

17. What specific suggestions do you have for the Review Course?

3	1. More questions included with the actual course itself (There were 100 this time) It was excellent!
5	-The transplant talk was very good in general, but I feel like it should be more aligned with the test requirementsQuestions could be more updated every two years. Lot of repeated ones from 2017 and 2015.
8	Please include the slide number sections again in handouts- they were helpful even with the content specs having been revised
9	More specifics on treatment options (transplant/onc) would have been helpful.
11	Honestly I am not sure. The review course was good and I feel comfortable from a clinical standpoint but the boards questions were outdated. I guess the only thing I could say was more one to two liner practice questions as a majority of the boards was more that rather than case based
12	There is no fix to this, but it was hard to stay focused for so long with so many lectures per day. Nevertheless, the syllabus was vital to my studying closer to the exam day.
13	provide better handouts for the pathology lectures. for these, more so than any other session, the quality of the printouts is incredibly important. it doesnt make much sense to print 4 slides per page for the other lectures and then print 6 per page for the path lectures!
14	I had bought the 2017 course as a fellow to study. The additional questions from 2019 percent included many repeat questions. It was extremely disappointing to pay an additional fee and have the exact same questions, in many sections, that I'd already purchased. There really is a monologue because the only other group making questions is the AAP's prep questions. PREP has less questions, but at least they are new every year even if they still cover high yield topics. I think the hemoglobinopathies was too focused on sickle cell. I actually really liked the talk and have more of an interest in sickle cell than thalassemia, but the other hemoglobinopathies questions are more difficult because they often question on rare hemoglobinopathies and how to interpret the labs, which most MDs don't have to do on a regular basis. There were practice questions in ASPHO 2017 with lab results and the answers were picking who were the parents. I had a similar type of question on my boards and it wasn't addressed at all in the course. I think Dr. Mascarenhas needed twice as much time. His lecture was very high yield and he is a great speaker. There was a lot of statistics this year. I preferred the lecturer from 2017 and I ended up reviewing the slides and my notes from that lecture rather than the 2019 information. However, that might be personal preference on how the information was presented because the 2019 lecturer did review all of the important topics, but I had a harder time following him. Overall, the course was worth attending and helped me focus my studies.

15	The lecture on brain tumors was extremely well organized and well presented. It was very helpful to have high yield facts highlighted in red, and there was not too much extraneous content. I would highly recommend that all lectures be modeled after the brain tumor one.
21	Teach to the test.
22	Overall well organized but too superficial with respect to level of detail required for exam. If it is not possible to go into greater detail than currently presented, then attendees should be warned that they must learn the material in more depth than as presented
23	Have slides be uniform amongst presenters. Would recommend using old PREP questions throughout the lectures to get use to format. Give studying tips and focus tips prior to the review lectures start.
24	The vascular anomalies lecture could be significantly shortened or eliminated.
26	There were a lot of practical questions which may be due to change in board specifications. Not sure how the board review prep can address that better next year. Newborn hematology review as well as normal hematology (ranges and value) would also be helpful.
28	For the oncology topics, staging and classification systems for every cancer did not seem as relevant for test questions so it may not be a good use of time to discuss these things heavily in the lecture. Instead - focus on the risk factors: e.g., high risk in Rb if there is spread to x, y, z and unique features of diseases like stage 4S in NB.
30	Vascular Anomalies probably doesn't need to be a whole hour lecture; perhaps shorten it and give more time to another topic (like lymphoma which was a lot to cover in just 1 hour).
32	I would change the slide format so there are no slides that give an update as to where we are in the lecture and instead use headers and footers. The extraneous slides significantly added to the bulk of the paper slides and sometimes made 3 out of 4 slides on a page updates as to location in the talk rather than useful information.
33	Don't charge so much!
34	Those presentations that had high yield topics highlighted in a different color, as well as those with summary slides in table form at the end of the lecture were extremely helpful.
35	There were a number of questions/area on the exam that were not covered in the review. Although I realize the review can not cover everything. For example there were questions on when to do full amputation vs limb sparing in Osteosarcoma. What 4th drug when added to Wilms treatment has been found to improve outcomes. What specific HLA marker in transplant is linked with the greatest GVHD.

36	-Appreciate the option of color slides -Appreciate the option of additional questions - The exam was tricky in that it included questions of the genetic mutation abbreviations rather than the numerical mutation. That should be highlighted with the next exam.
39	Extra focus on hemoglobinopathies
41	The test asked many very detailed, esoteric questions this year. It was very transplant heavy.
44	Some presenters were often presenting information that was new/upcoming mixed in with board testable item (specific example- vascular anomalies lecture), I would suggest presenters try to avoid presenting new research or their opinion, which can be confusing in the context of board prep. Otherwise, overall a great and useful course.
45	Prior to the exam I thought the course was a good review, but during and after taking the exam I no longer felt the same. Topics/teaching points which were heavily stressed during the course were tested. And the review questions were way off as well.