



# Survey Report: 2021 Practical Exams

Prepared for:



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## Introduction

### The CCSP and DACBSP

The American Chiropractic Board of Sports Physicians® (ACBSP) provides two certifications to the field: Certified Chiropractic Sports Physician® (CCSP) and Diplomate of the American Chiropractic Board of Sports Physicians® (DACBSP). ACBSP administers the written CCSP and DACBSP exams twice each year. Both consist of 4-option multiple choice items in a linear format, in two sections. The DACBSP also includes a Practical Exam. This report provides a summary of the 2021 results.

The following table provides a summary of the registrations for the exam. Detailed analysis follows in the remaining sections of this report.

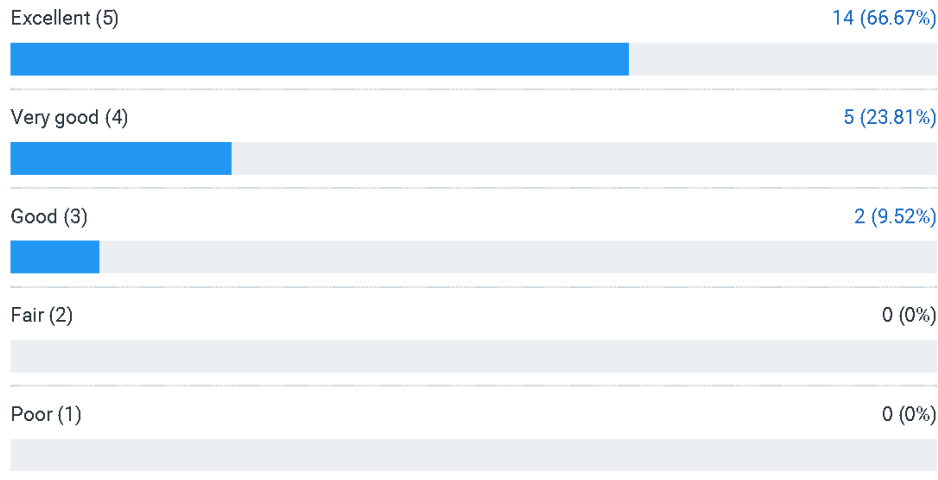
Row Labels	DACBSP® Initial Exam	Retake	Total
Cleveland University-Kansas City	4		4
Logan University	1	1	2
MS degree from an accredited college in the domain of sports medicine	3		3
National University of Health Sciences	4		4
Other	2		2
Palmer College of Chiropractic	2	2	4
Southern California University of Health Sciences	10	5	15
<b>Total</b>	<b>26</b>	<b>8</b>	<b>34</b>

## Survey Results

This section will present and discuss the survey results.

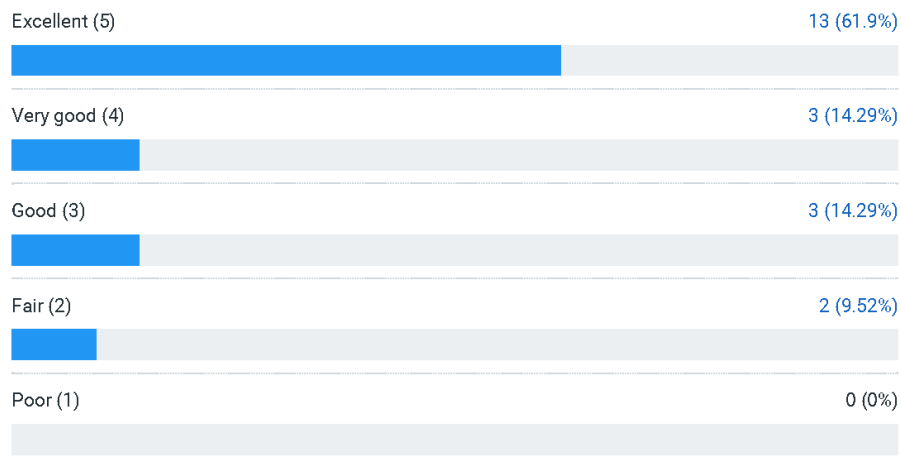
### How would you rate the online registration experience?

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### How would you rate the communication post-registration (i.e. emails, website)?

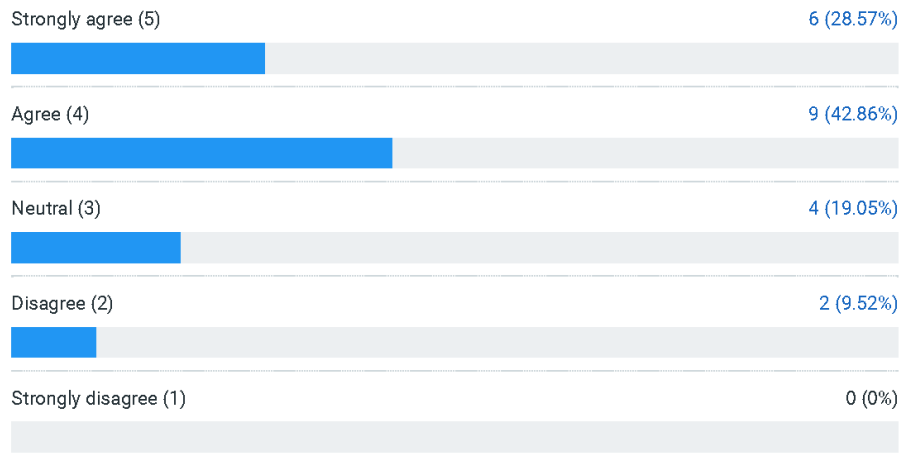
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*The registration process is fine, but more information could be provided. See below for suggested topics.*

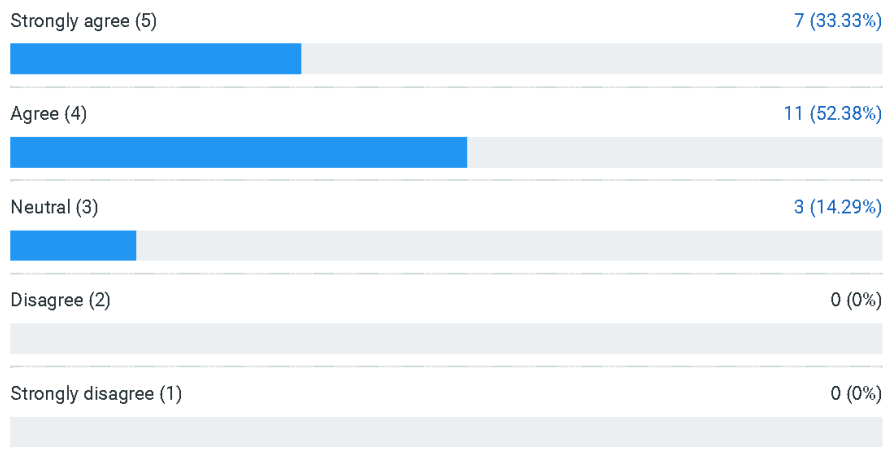
### The setup of the examination rooms was what you expected:

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### The equipment provided in the examination rooms was what you expected:

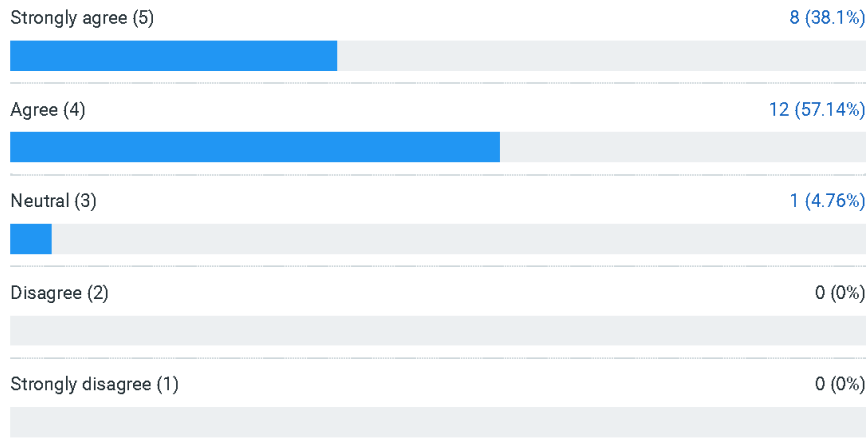
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*More information could be provided ahead of time regarding the room setup and equipment.*

**The time between stations was the length of time you expected:**

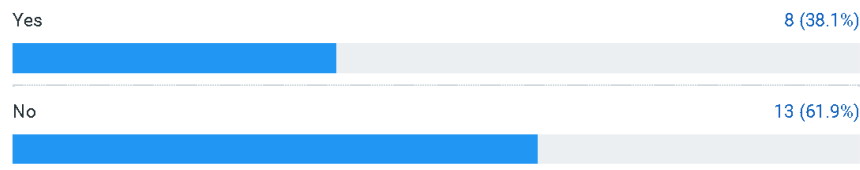
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*Time between stations seems to be OK.*

**Were you given the appropriate information prior to the examination?**

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*Clearly, candidates desire more information between registration and Exam Day.*

*If you answered no to the previous question, what information was not provided prior to the examination?*

If my husband hadn't taken the test a few years earlier I would of had no idea what to expect in terms of content, exam process, and grading.

The lead proctor instructed us to disregard how we were taught in class to stabilize the head for the emergency procedures station and do it the way he told us, but yet never demonstrated how.

Although this did not affect me, I still think that it is unfair that the head of the exam committee did not allow people to hold cervical spine with their forearms. That is how they were taught and upon being told they were not allowed to do this, chaos ensued. We are locked in a room together prior to the test and it was extremely stressful to be surrounded by many people complaining and stressing about this new information. It is hard to keep a focused mind set while others where panicking.

Some of techniques taught in the in person classes were "Automatic fails". That information should have been included prior to the test day. The handbook should have been more readily available and contained such information.

5 minutes prior to start of practical, practical lead proctor informed candidates of automatic fails "not to his teachings, not the curriculum."

Emergency procedure DC on-line instructor did not educate and prepare the class to practical board standards.

Written exam question asked questions on information not given in lecture or online.

The practical information was not on the website for a long time. Also, there is information being presented in the DACBSP curriculum that is not consistent with the requirements of the test. i.e. some info being taught in class will result in an auto fail during the exam

The exam rooms were shown to us before the exam begun. The reason why I said "no" to this question, was its not because enough information was not given, it was because new information was given and that confused us more about the way we were suppose to spine board while holding the neck. Not lack of information. Not enough time to practice right before entering to take an exam.

I felt like I just had to discover the diagnosis tor the upper and lower extremity stations was and then failed due to missing stuff on the exam. Would really like a rubric for this section

No, we were not given any actual skill testing for the required emergency procedures. The time given to complete the multiple skills was not consistent w what is taught and tested by ems.

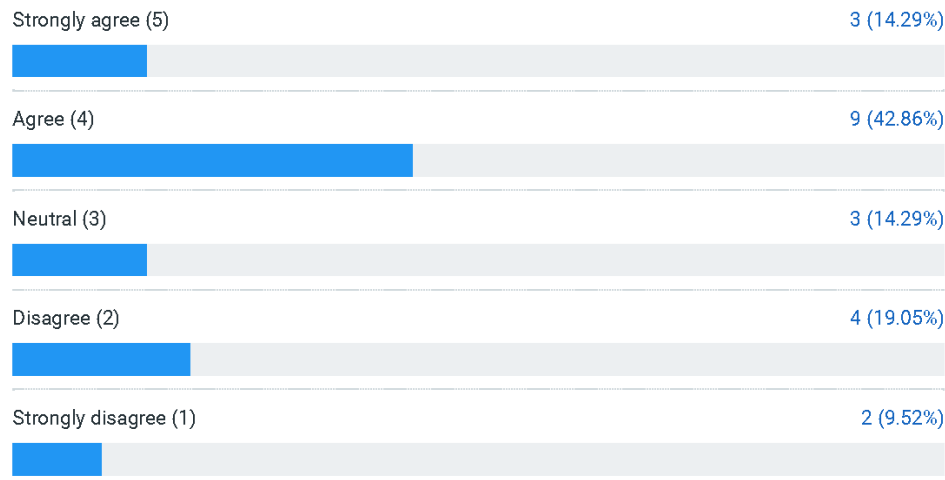
There were some serious concerns regarding the concept of Cspine stabilization and how this is effectively performed. We learned a certain style in our emergency procedures course. Unfortunately the morning of the exam during the room walk through we were told that the way we learned would give us an auto fail if we performed it during the exam. I strongly recommend as an organization that this needs to be looked at. Should not be teaching techniques that will fail you on a practical exam.

Seems like the only people who passed the exam had previous friends or spouses who previously took the practical exam. A start to end finish of what is expected for the stations would be great. For example I believe the instructors should have a start to end example of the exam requirements for each station that goes all the way to the examiners (being on the same page). Multiple taught procedures made it difficult to prepare for some stations. Thank you.

There was a lot of confusion regarding the spinal trauma station, how to hold C-Spine which was conveyed just prior to my entering the spinal trauma station, which contributed to my being off in the exam. Which is the only station I failed.

**The information provided on the website (i.e. recommended reading list, position papers, etc.) prepared you for the examination:**

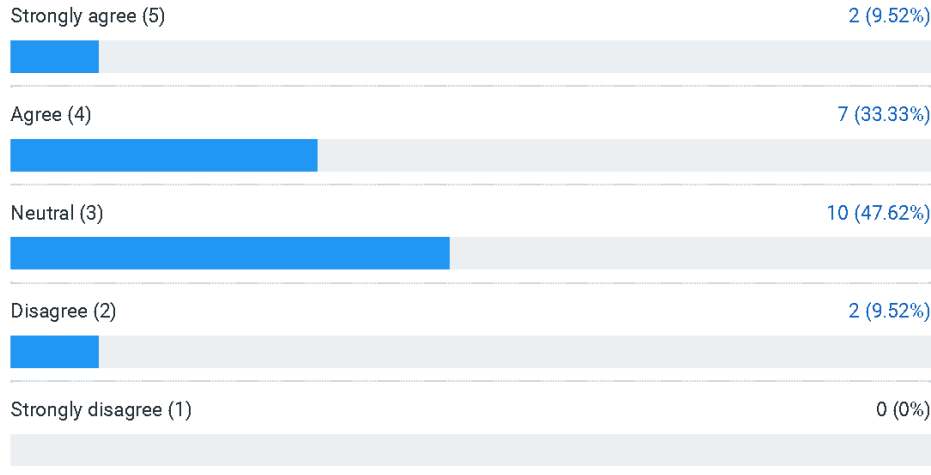
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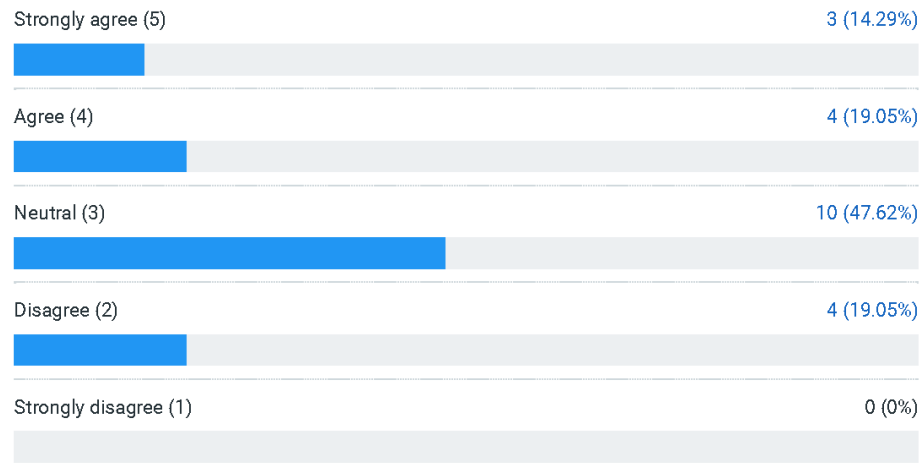
**The information provided through the in-person courses prepared you for the examination:**

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**The information provided through the online courses prepared you for the examination:**

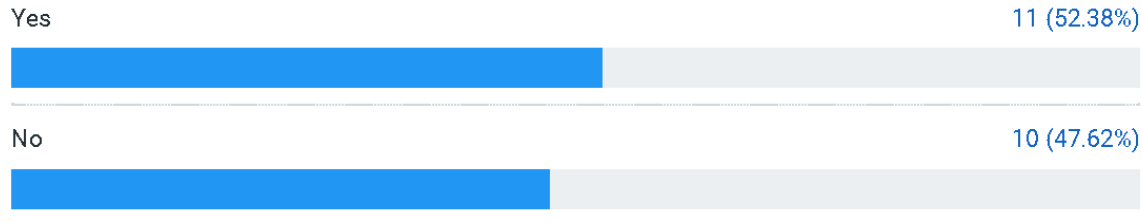
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*As seen in the previous three questions, many candidates would like more information. A review of the reading list is needed, and then dissemination of information to the schools.*

## Were there any external factors that added stress to your experience?

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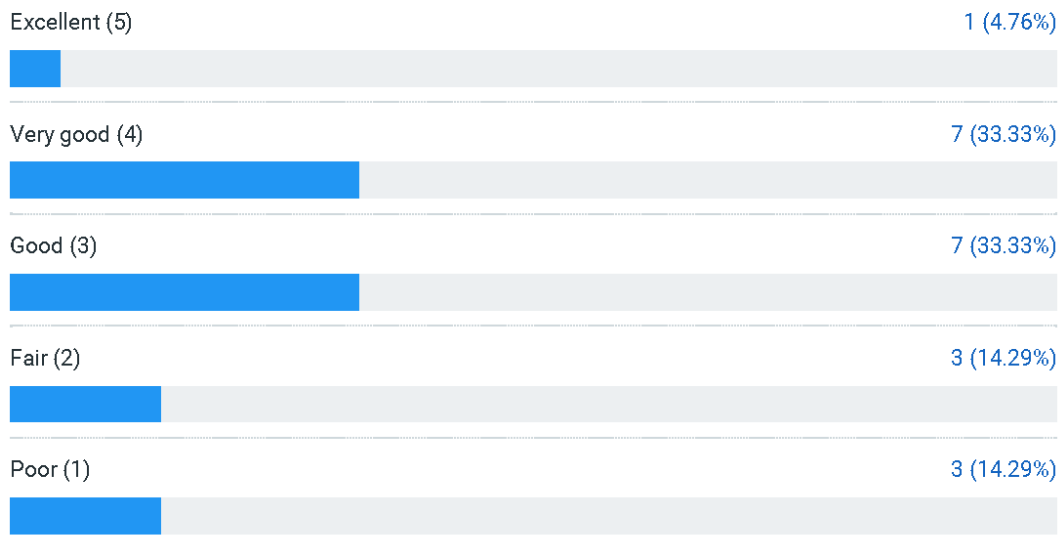
### *What external factors added stress to your exam experience?*

COVID!
New information at the beginning of the test stressed others out prior to the exam and it was hard to stay calm and not absorb other people's energy.
Being told of new "automatic fails" a few minutes before testing.
The examiners
Travel for class was interrupted by bad weather causing road closure and flights being canceled.
Being told a way we were taught in-person to stabilize C-spine was an auto fail on day of exam.
For the in person and online course question... I did not take the courses, so that is why I answered Neutral
<p>The information given before the test, that they were short staffed in emergency station and wanted us to let go of the neck more than the norm. And to modify the way we were taught to hold the neck because we were taught incorrectly?</p> <p>-The examiner told us kindly that most likely most of us would fail the emergency section. Discouraging us before the test was not helpful. Its like they purposely set us up for failure w/ instructions</p> <p>These were all examples of information that were not needed.</p>

Traveling during pandemic
Calling and moving exam up 4 hours from original time after planning preparation time ahead. Then stating what we were taught as the proper way to do something would be considered a fail had you second guessing the entire exam!
Covid pandemic, Pcr test results prior to test.
Having to wear a mask during the examination did have some effect with focus and breathing but I would not say it was a true limiting factor.

### Overall, how would you rate your experience with the practical examination?

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*How could your practical exam experience have been better?*

More details about the process (taking the exam, scoring of the exam, equipment available, etc...) and content ahead of time.

The exam stations need to mimic real world clinical scenarios and not have automatic fails. Example: radiology station didn't have the routine views for a particular area, generally had just one view
The practical needs to be more organized in a sense of providing information to the test taker. I felt that some examiners were unclear on how to provide instructions and did not give me all of the information I needed. When taking focused histories, I felt the examiners did not review the case prior and could not answer my questions fast enough which wasted some of my examination time. Some examiners gave me information that I did not ask for, it was overwhelming and hard to keep info organized
Get new people to run the test. This should be testing our abilities as Doctors. When you get the correct diagnosis and send the patient to the correct follow up but yet fail the station, there is a problem.
More time
Proctors in the room were biased and subjects facemask interfered with exam.
It was difficult doing my examination on the "patient" while they had no reaction. My first station was head trauma and when I started, the person "grading" answered all of the exam findings as I was performing them. But it seemed rushed and it made me anxious, so I didn't perform well. This set the mood for the rest of the stations and I underperformed. My test certainly didn't show how I do things in real life.
1-Provide adequate support staff: When a student is being tested for their skills, then adequate support staff should be provided, without any added stress, so you can truly evaluate that student for their skills during that scenario. 2-There should be no discrepancy in the way schools teach spine boarding and what ACBSP expects during a test. All changes should be communicated with instructors and students in advance and not given to students immediately prior to taking the test.
Rubrics for upper and lower extremity. Felt lost to start on those two stations. Also the model didn't react in real time but relayed on the proctor which threw me off a lot.
Given actual time to complete the amount of emergency skills. If stating we need imaging to make decision and there is a report on that then the information should be given without having to ask for the report.

Overall I believe the exam is run well. No one likes or enjoys testing. I think the cspine issue I mentioned above needs attention. I work with with EMTs and as well with ER physicians when practicing this station prior to exam many mention the correct way to stabilize but ultimately it was agreed to practice the way they taught in training as that is likely what would be accepted during testing, this was the opposite in our case.

More \*\*NSYNC guidance would have been helpful.

Knowing even just a couple of days prior to the exam regarding the Spinal trauma station and what was expected with stabilizing a C-spine would have been helpful. I kept thinking about it during the exam, because we were told about it literally 5 minutes before I went into the spinal trauma station.

*Would you like to provide any additional feedback concerning your practical exam experience?*

I wish there was more feedback on failed stations. Based on the results given I am still unsure of what mistakes I made and am afraid I will make them again simply because I did not realize I was doing something wrong.

I will be mailing a letter

The sign up process and the post test information was perfect. Very user friendly and Cindy certainly deserves a raise for all that she does. I think prior to the exam, instructions need to be clear and concise and should align with what people learn about the exam prior to arriving. There were some surprises for people and it was stressful to hear them complain in the same room as them. I think all examiners need to be trained on how to deliver exam questions and answers with no hesitation.

The practical exam makes me question the ethics of those running the test. It should be “testing” the doctors ability and knowledge, not looking for small “tricks” to fail the candidate.

Times between exam and practical is too much.

Same with the extremity stations, I felt like it was difficult doing an actual physical exam because the "patient" didn't "act" at all... I feel like I could have done all stations without touching the "patient". I didn't feel prepared for this style of testing.
I was pleased that the head of the practical examination clarified that some of us were taught incorrect c-spine stability in our course. He then proceeded to explain how it should have been taught so we would not auto fail based in incorrect teaching methods.
Lack of communication among members of the ACBSP and errors made with staffing should not have been put on the students. Travel expenses during a pandemic and covid testing, getting vaccinated and to fail the one station that was talked the most before the test was unfair. I believe the students should be allowed to test once more if auto fails were suspected during the same weekend rather than delaying it for 6 months and holding our degrees till another test date is available is not right.
Liked the proctors and meeting the other candidates would like to get to know our peers more
Rushed. Feedback was not productive. Not actually even sure I failed any sections but didn't want to pay to have them reviewed as the whole thing seemed sketchy to begin with.
I think a way to train simulated patients to be more of actors instead of just a body to be present. Especially with concussion or emergency procedures station. It's hard to perform an exam that requires a lot of patient questioning without actually having the patient respond and only having a proctor say whether or not a test is negative or positive
No
One of the exam proctors, particularly in the Head trauma station was very confusing and made it very difficult to perform the exam, as I was going through the cranial nerve exam he kept saying "all neuro exams are normal" but is one of the requirements being able to go through the exam? Just was some confusion as to whether the skills were actually being evaluated or just a DDX and final DX and what follow up would be done.(except with spinal trauma)

## Suggested Improvements

Below is a summary of the key points.

1. Provide more information on exam content, room setup, and scoring
2. There is clearly some misalignment between what is being taught and what is being assessed; this might require more information to be sent to the schools, not just the candidates. A review of the practical exam content and scoring, comparing to the reading list and school training, is warranted.
3. Obviously, there was a major issue with the new about the spinal task. Whatever this was should be sent ahead of time as part of the preparation material. For January 2022, at least send this in an email.
4. An opportunity to meet with peers afterward, even briefly, would cost little but perhaps help good will.
5. Candidates had additional stress about COVID and travel, but ABCSP can do little about those.