Changes in National Boards to Affect Iowa Students

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has been associated with transverse fold urethroplasty in 15 mares. The procedure was effective in 14 of the 15 mares. The one mare in which the fold tore loose was subsequently resutured with no further complications. In addition, Noone averages only twenty minutes of surgery time after anesthesia has been achieved. In two instances, Noone has had mares continue to “pool” urine after this procedure has been performed. In these cases a mucosal flap was dissected from each side of the vaginal vestibule and sutured together along the midline to extend the “urethral tunnel” even further caudally. (Fig. 4) This eliminated the pooling of urine in these mares.

Urine-pooling is a common cause of infertility in the mare and Monin’s technique is considered a very practical procedure for surgical correction of this problem. The procedure is relatively bloodless, simple, and quick.

Bibliography

Changes in National Boards to Affect Iowa Students

Alan Brady*

Students who take the National Board examination in Iowa will find some important differences from the exam given in past years. A major part of this change will be the inclusion of a Clinical Competency Test (CCT) in the examination.

First offered in Colorado and other states last spring, the CCT is designed to simulate, as closely as possible, an actual clinical problem. Examinees are given a case history and provided with a number of options in the use of diagnostic procedures and expanded case history. Many of the options available are “dead ends” that are of no assistance in leading to a diagnosis. Other options may require prolonged effort and/or multiple diagnostic tests before the correct diagnosis is made. Examinees are graded by a formula that uses two criteria for evaluating: 1, their ability to arrive at the correct diagnosis and, 2, their ability to arrive at that diagnosis in the simplest possible manner.

Reaction to the Clinical Competency Test given in other states last year was enthusiastic, both from those who took the test and those who administered it. According to Dr. Wertmann, a member of the National Board Examination Committee, examinees generally preferred the CCT to other portions of the exam.

Those who administer the National Boards see the CCT as part of a larger plan to restructure the entire examination. According to the October 15, 1979 AVMA Journal, the following changes in the National Board Examinations are also being made: 1. Test materials will be revised to place greater emphasis on clinical subjects (e.g. medicine, surgery, and jurisprudence). 2. The number of test questions will be reduced from 435 to 360 questions. 3. The examination will be given on only one date (June 2) rather than the two dates previously scheduled.

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