

Establishing the Standard

*A brief look at how the standard of competence
determining the passing score is defined*

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The *Modified Angoff* approach is the most commonly used criterion-referenced methodology, and this is the system used in the CBCCT examination. This approach involves surveying a large sample of practitioners to assure diversity of gender, ethnicity, geographic region, medical specialty and practice setting by means of a practice analysis survey instrument, then gathering a group of 15-20 content experts together to evaluate the responses and define basic competence in the field. Using this definition, these content experts then evaluate the difficulty of each examination question.

This process typically is completed ten days to two weeks after the first examination administration so that the content experts will have actual response data with which to validate their judgments about the relative difficulty of the questions for professionals with basic competence in nuclear cardiology. The content experts' judgments are statistically analyzed and a proposed passing score is derived. The final decision about the standard usually is made by the certification board or examination committee after reviewing the passing score analyses and other applicable data.

CBCCT sponsors practice analyses every five years to ensure that the standard of knowledge remains current. The process takes approximately eight months from selection of the panel of experts representing the diversity of practice, to the development of the survey instrument, to analysis of the survey responses, to determination of the exam specifications. These final specifications include not only content areas in appropriate percentages (e.g., the examination content outline) but also defines the cognitive level (i.e., recall, application, analysis and synthesis) at which the knowledge should be held.