



# Reducing Test Anxiety for Oral Exams

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## Background & Purpose

Primary board certification in the specialty of anesthesiology requires passing a standardized oral examination (SOE) after passage of two prior written exams. Examinees answer guided questions over two 35-minute sessions that assess knowledge, judgement, and adaptability to changing clinical scenarios.<sup>1</sup> The national failure rate for the 2018 SOE was 11%.<sup>2</sup>

Oral exam anxiety is present at a much higher rate than written test anxiety.<sup>3,4</sup> Studies from the general surgery education literature suggest that confidence in one's communication skills, regular oral exam practice, and learning to control anxiety may have significant roles in improving oral exam passage rates.<sup>5,6,7</sup> Information about more formal, guided training for the SOE apart from occasional mock oral exams is lacking in the specialty of anesthesiology.

## Methods

A monthly oral board review curriculum was implemented for the Emory Anesthesiology residency program covering all general and subspecialty topics tested on the SOE. Group mock oral exams tailored to each class's experience level occurred monthly along with periodic lectures about improving oral presentation skills and confidence. Residents also participated in multiple individual mock oral exams to mimic SOE conditions.

The Westside Test Anxiety Scale (WTAS) is a validated ten-item questionnaire that screens for test-anxiety impairments.<sup>8</sup> Upper-level anesthesiology residents (PGY-3s and PGY-4s) were asked to assess their SOE test-taking anxiety using the WTAS both before and after implementation of the curriculum. Post-curriculum, residents were also asked to rate the usefulness of the curriculum using a 5-point Likert scale.

## Results

Of 32 eligible participants, 16 participated in the pre-curriculum survey and 10 participated in the post-curriculum survey. There were no significant differences between pre-course and post-course with any questions. Matched pairs comparison was not performed due to an inadequate number of individuals completing both surveys (n=4).

## Conclusion

With a low response rate, the study was underpowered for drawing significant conclusions. Despite no significant differences in WTAS scores pre- and post-curriculum, residents rated the usefulness of the curriculum an average of 3.9 on a 5-point Likert scale suggesting the curriculum still had utility for residents.

## References

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