

Move to Digital Spurs New ABR Exam Security Campaign

The Internet may be, as Bill Gates once described it, “the town square for the global village of tomorrow.” But where the health of that village is concerned, the American Board of Radiology (ABR) is defending against the risks that come with the reach.

AS IT PREPARES to launch its new Core Examination in Diagnostic Radiology and Diagnostic Radiology Certifying Examination, ABR is intensifying its communications about exam security, involving not only the examinees but also the team that teaches them. “A combination of factors led to this emphasis, including the large effort by hundreds of volunteers and staff required to prepare these exams,” said Gary J. Becker, M.D., ABR executive director and 2009 RSNA President.

“Then there’s the high availability of electronic communications to those who might want to share questions, and evidence of question-sharing behavior obtained through Web surveillance,” Dr. Becker said. In addition, he said, the ABR acknowledges the momentousness of its decision to abandon the oral certifying examination that for nearly 78 years has been the final assessment of clinical reasoning and diagnostic skill for those completing training. The ABR is now replacing that assessment—completed by 10 oral examiners in 25-minute sessions each—with a computer-based examination.

While traditional multiple choice question examinations test mostly knowledge and comprehension, the new Core and Certifying Examinations (see sidebar) will assess higher levels of clinical reasoning, analysis, judgment, and management—but only if the questions presented are novel and not recalled by candidates who have shared

them inappropriately and reduced them to a memorization exercise, Dr. Becker said. “Given these factors, the ABR saw the need to be crystal clear about its exam security policy,” he said.

That policy strives to ensure that ABR exam results reflect examinees’ knowledge and skills, rather than unauthorized access to information sources—study materials in any medium during the exam, confidential exam information before, during or after—that may lead examinees to answer questions differently than they would have on their own.

That second information source category—“confidential exam infor-



Becker

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Diagnostic Radiology Certifying Examination

The Certifying Exam, to debut in fall 2015, will be taken 15 months after completion of diagnostic radiology residency. It will “emphasize synthesis of information, differential diagnosis, and patient management,” according to ABR, with all aspects of physics and basic sciences that are important in imaging to be included. “Noninterpretive Skills” and “Essentials of Diagnostic Radiology” will be required in addition to three modules in clinical practice areas—general radiology, breast, cardiac, gastrointes-

tinal, musculoskeletal, neuroradiology, nuclear, pediatric, thoracic, ultrasound, genitourinary, and vascular and interventional radiology—selected by the individual, based on training, experience, and practice emphasis.

The exam will be scored as pass or fail, and feedback will be provided to examinees. The two required modules must each be passed individually, and the elective modules must be passed as a group. If any of these three decisions is “fail,” the entire exam must be retaken.

Beginning with the residency class starting radiology training on July 1, 2010, candidates will have six years after they complete residency training to pass the Certifying Examination. An additional year of training is required if the candidate does not pass the Certifying Exam during the six-year time frame.

See www.theabr.org for more information on both exams.



ation”—was of particular concern as ABR prepared to launch new computer-based tests to replace the current written and oral versions (see sidebar), Dr. Becker said. “When the ABR decided to change its diagnostic radiology exams to computer formats that are case-based and image-rich, and measure complex abilities related to judgment and clinical reasoning, we became increasingly concerned about the deleterious effects of question sharing,” he said. “A memorized question measures ability at a different level than a novel question.”

Directors, Coordinators and Chairs Vow to Protect Exams

ABR knew it should ratchet up communication even with a limited release of the new Core Exam to a sample of board certification candidates this year, Dr. Becker said, and received a “warm reception” when it enlisted the help of the Association of University Radiologists, Association of Program Directors in Radiology, Association of Program Coordinators in Radiology, Society of Chairs in Academic Radiology Departments and American Alliance of Academic Chief Residents in Radiology. A result of those talks is a new requirement that candidates and their program directors, program coordinators and program chairs sign attestations that they understand

and promise to abide by the security policy, which they read about and see explained in a video. The attestations become part of the attestors’ files within the ABR database.

Such security measures safeguard a critical, but by no means singular, step in a sophisticated process designed to ensure that board-certified radiologists are qualified to do the job, Dr. Becker said. “Achieving board certification means clearing a lot of hurdles before the boards—undergraduate degree, medical school, medical licensure, internship, residency training and the attestation of their residency program director of readiness for examination,” he said.

Qualifying exams, Dr. Becker said, are part of a much larger picture—one the public wants to see in totality.

“The public trust and its relationship to the exam security policy are best understood in terms of the profession’s ‘contract’ with society,” Dr. Becker said. “Society grants the medical profession the privilege to self-regulate, and in return the profession owes to society a certification process that has integrity. This is the way to ensure that those who pass the test demonstrate that they have met the requisite standards for safe and competent practice.”

NEW IMAGE-RICH, COMPUTER-BASED EXAMS REPLACE WRITTEN AND ORAL VERSIONS

Core Examination in Diagnostic Radiology (Qualifying Exam)

The Core Exam debuts in October 2013. Trainees will take the exam 36 months after the beginning of radiology residency training. The Core Exam will test knowledge and comprehension of anatomy, pathophysiology, all aspects of diagnostic radiology, and physics concepts important for diagnostic radiology. Trainees will take 18 categories included on the examination:

- Breast
- Cardiac
- Gastrointestinal
- Interventional
- Musculoskeletal
- Neuroradiology
- Nuclear
- Pediatric
- Reproductive/endocrinology
- Thoracic
- Urinary
- Vascular
- CT
- MR
- Radiography/fluoroscopy
- Ultrasound
- Physics
- Safety

The Core Exam also includes the Radiolotope Safety Exam (RISE), one of the requirements for Authorized User Eligibility Status. No separate physics examination will be administered; however, physics questions integrated into each category will be separately scored and must be passed. The exam will be offered twice yearly.

WEB EXTRAS

■ To see a video of ABR Executive Director Gary J. Becker, M.D., discussing the new Core Examination in Diagnostic Radiology and the “major culture change” taking place in ABR examinations, go to rsnanews.RSNA.org.