"Ultimately, the true measure of the ABR’s success will be the expert care that people like you, our candidates and diplomates, provide to patients throughout your careers.” - Milton J. Guiberteau, MD, ABR President
A MESSAGE FROM THE ABR PRESIDENT

by Milton J. Guiberteau, MD, ABR President

As the arbiter of professional standards and self-regulation for our specialty of radiology, the ABR has the difficult task of providing certification processes that balance the expectations and confidence of patients and the public on the one hand with radiologists’ perception of these processes as reasonable and valuable on the other. It is a weighty responsibility.

While it is paramount that our programs are deemed rigorous enough to support the most widely accepted and empowering credential in our profession, it is equally imperative that our radiologists and physicists experience a sense of accomplishment, satisfaction, and pride in achieving and maintaining ABR certification. Although the ABR’s ultimate mission is to serve the public, we can do so only through the buy-in and support of our own community—the “people like you” who care about our profession. We are grateful to have had this support since our inception in 1934, and we have worked hard to maintain it.

At a time when personal accountability is paramount in our healthcare system, the ABR’s responsibility to provide its diplomates with a career-long, meaningful credential reflecting their commitment to current healthcare goals has never been more important. This entails evolving our requirements and processes, some of them decades old, to be in tune with ever-changing external demands. At the same time, we must recognize that much has happened to transform the professional lives of our diplomates in recent years.

This requires us to acknowledge that the “profession” of radiology is not an abstraction but a collection of real men and women sharing a professional bond of common purpose and standards, while training or practicing as individuals in diverse locations and clinical settings amid a myriad of different demands and expectations. Within this milieu, we have taken advantage of technological advancements and innovations in tools for physician assessment to improve candidate and diplomate experience with our Initial Certification and Maintenance of Certification (MOC) programs.

The improvements made and the current statuses of efforts to update our programs and processes are addressed in more detail elsewhere in this Annual Report by Board leaders who have overseen them or staff who have coordinated them. But briefly, these include the following changes to Initial Certification, MOC, and Board governance.

**Initial Certification**

- The refinement of the recently introduced Diagnostic Radiology (DR) Core Examination based on three years of experience has resulted in much positive feedback. While some have lamented the demise of the many-decades-old oral examination, the new computer-based Core and Certifying examinations have brought a uniformity and precise measurability long enjoyed by other ABMS specialty boards. For DR candidates, this format has permitted us to provide an increasing level of detailed feedback regarding clinical and modality proficiency, as well as for areas in need of improvement. For all ABR disciplines, this experience serves as the beginning of a future transition from single-answer multiple-choice questions to more sophisticated exam question types that will better simulate practice.

Further, we continue to explore advances in technology to discover improved ways to deliver examinations.

- The successful first administration of the new DR Certifying Exam marked the complete implementation of changes in Initial Certification adopted a decade ago.

The opportunity for certifying examinees to

(continued on next page)
In the last year, we have striven to improve our processes designed to demonstrate continuous commitment to ever-evolving community benchmarks, as well as public and patient expectations. Such dialogue has fostered a better insight into our diplomates—“people like you.” As a result, we have tailored our processes to the practice realities and professional lives of MOC participants.

**Maintenance of Certification**

- **In the last year, we have striven to improve the appropriateness and efficacy of our MOC program.** The introduction of MOC by ABMS boards significantly changed our relationship with diplomates by creating a critical career-long link between us. This has necessitated an ongoing dialogue to ensure diplomate satisfaction and sense of accomplishment regarding processes designed to demonstrate continuous commitment to ever-evolving community benchmarks, as well as public and patient expectations. Such dialogue has fostered a better insight into our diplomates—“people like you.” As a result, we have tailored our processes to the practice realities and professional lives of MOC participants.

- **In response to a perceived need to update MOC Part 3—Knowledge, Judgment, and Skills Assessment—we have announced the development of a pilot of an online longitudinal assessment program (ABR OLA).**

The new program is designed to provide immediate feedback to diplomates regarding their relative strengths and weaknesses in maintaining knowledge bases relevant to their own practices, along with direction for improvement. This concept represents an expansion of our responsibility from simply identifying those who do or do not meet the overall knowledge standard every 10 years to continuous summative knowledge assessment. In addition, by taking the assessment to our diplomates, travel and time away from home and practice will be eliminated. We hope that, pending success of this pilot, the process can be implemented sometime in 2019 as an update to the current periodic secure examination taken at an exam center.

**Board Governance**

- **In 2016, we finalized a reorganization of Board governance to better serve our core competency of awarding and maintaining certification of diplomates.** The new structure also promotes efficiency in decisionmaking and implementation of program improvements while maintaining access to a broad spectrum of board member expert opinion.

The true measure of the ABR’s success will be the expert care that “people like you,” our candidates and diplomates, provide to patients throughout their professional lives. And underlying it all has been the sincere, unrelenting commitment of our Board to listen to and consult with the community that supports us and from which our authority arises. I am grateful for the support of my fellow colleagues on the Board, the operations expertise of our Executive Director Valerie Jackson and her hardworking staff, and the tireless efforts of the volunteers who make it all possible.

I am also thankful for the honest collaborations and encouragement of those of you in the community, individuals as well as the leaders of our professional society partners, whose advice and perspectives have shaped our thinking, encouraged our actions, and supported our endeavors in the advancement of innovation for improvement. Permeating all of these efforts together is the ongoing responsibility of the ABR to preserve radiologists’ privilege of regulating ourselves rather than ceding it to others who have scant appreciation for what current radiology practice entails. And, so far, we are succeeding. However, I believe that, ultimately, the true measure of the ABR’s success will be the expert care that “people like you,” our candidates and diplomates, provide to patients throughout your careers.

As we still say in Texas on such occasions, “Much obliged.”
Dear ABR Candidates, Diplomates, and Friends,

One of my favorite historical figures is Anne Frank, who said, “How wonderful it is that nobody need wait a single moment before starting to improve the world.” When you began your journey to become a diagnostic radiologist, radiation oncologist, medical physicist, or interventional radiologist, you made a commitment to start improving the world one step at a time. You signed up for numerous years in medical school or graduate school, then a residency, and then—for many of you—fellowship training. Finally, there’s the initial board certification process and then maintaining that certification throughout your career.

We appreciate those of you who are ABR candidates and are in the midst of this rigorous training process. Believe it or not, I remember how stressful it was to spend so many years in school and then face the board certification process, to study so hard for the exams, and then to wait with anticipation and uncertainty to find out if I had passed. When I was a program director, I felt that same angst as I watched those in residency go through their initial board certification process. We understand how stressful it was to spend so many years under their belts, and others are closer to retirement. We know the demands on your time are great, and we are thankful for your commitment to the profession, to patients and their families, and to society in general. You will leave the world a better place.

We appreciate those of you who are already ABR diplomates and are working long hours to meet the demands of your practice, not to mention the external demands of employers, credentialers, health insurers, government, and yes—the ABR as well. We admire you for your dedication to the profession; for your service on committees within your practices, academic institutions, and local or national radiology societies; and for your commitment and perseverance in meeting many other community and family needs.

We appreciate those of you who are program coordinators, program directors, and program chairs. We know you work tirelessly to help educate the next generation of diagnostic and interventional radiologists, radiation oncologists, and medical physicists, and to ensure that the profession not only continues far into the future but improves even more over time.

We appreciate our ABR volunteers— from governors, to trustees, to committee chairs, to committee members, to oral examiners. You all give freely of your valuable personal time to help us create our exams, carry them out, and manage the ABR. It takes selflessness and dedication to be an ABR volunteer, and we thank all of you who consistently show up and work hard.

For many of you, the journey to join this profession is just beginning. Others have a few years under their belts, and others are closer to retirement. We know the demands on your time are great, and we are thankful for your commitment to the profession, to patients and their families, and to society in general. You will leave the world a better place.

On behalf of the ABR, thank you and know that you are all greatly appreciated!

Sincerely,
Valerie P. Jackson, MD

P.S. We hope you’ll enjoy the spotlight articles we’ve included in this annual report about people like you from the ABR’s four specialties.

The ABR Board of Governors decided to move ahead with the new MOC Part 3 Online Longitudinal Assessment (called ABR OLA) in May 2016.

by Vincent P. Mathews, MD, ABR Board of Governors

Part 3 of the ABR’s Maintenance of Certification (MOC) requirements is the assessment of knowledge, judgment, and skills. To date, the ABR has required its diplomates to pass a secure, proctored MOC Examination once every 10 years. Many have noted that 10 years seems to be too long an interval to qualify as consistent assessment of physician knowledge. In addition, the image-intensive exams for diagnostic radiology have required travel to an ABR-managed exam center, which has created expense and inconvenience for diplomates. Therefore, the ABR Board of Governors recently reassessed the ABR Part 3 requirements, with the goal of developing a program that could provide a more continuous assessment of learning, offer feedback to diplomates that could be used to address gaps in knowledge and practice, and minimize diplomat travel and inconvenience.

A task force of the Board of Governors and the Board of Trustees was formed to evaluate MOC Part 3 options. A number of alternatives were assessed, including 1) modular exams at local testing centers; 2) streamed real-time online testing; 3) web-based, on-demand tests at office or home with remote proctoring; 4) open-book tests; and 5) online longitudinal assessment. For a number of reasons, the online longitudinal assessment option was selected, particularly because it combines an assessment of learning with an assessment for learning in a relatively continuous fashion.

In this new program, diplomates will create individual profiles of the practice areas that most closely fit what they do. They will receive weekly emails with links to questions relevant to their registered practice profiles, and the questions may be answered singly or in small batches. Diplomates may choose to opt out of questions that may not be within their specific practice areas; once a question is opened, there will be a limited time allowed to answer. After answering, diplomates will learn immediately whether they answered correctly. They will also receive each question’s rationale, a critique of the options, and brief educational material and references. Those who answer questions incorrectly will receive future questions on the same topic to gauge whether they have learned the material. The cumulative score will be checked annually to determine the diplomat’s performance.

One of the disadvantages of the online longitudinal assessment model, compared with the current MOC Examination administered in the ABR’s Chicago and Tucson exam centers, is the lack of control over image viewing conditions. Diplomates will be able to choose the device on which to view their online longitudinal assessment questions, which could be a desktop computer, a laptop computer, a tablet, or even a smart phone. Therefore, the quality of the monitors, lighting, and ambient distractions will not be controlled as they are in a testing center. Ultimately, it will become the diplomat’s responsibility to ensure an adequate environment for answering the questions.

The ABR Board of Governors decided to move ahead with the new MOC Part 3 Online Longitudinal Assessment (called ABR OLA) in May 2016. This may replace the existing traditional secure MOC Exam, while the
Initial Certification Examinations for all ABR specialties, including the diagnostic radiology Core and Certifying exams, will remain in their present forms. Diplomates who needed to pass an MOC Exam by the annual review on March 2, 2017, as indicated in their personal myABR accounts, were required to take and pass the exam in 2016 to meet the Part 3 requirements. Other diplomates will be given an exception for meeting Part 3 requirements until the ABR OLA Exam is fully functional.

The ABR is currently forming the committees and processes to develop the material for the ABR OLA questions. These will be developed in all categories for all four disciplines over 2017 and early 2018. A pilot is planned for late 2018 to ensure functionality of the ABR OLA program, which is being developed by Board staff and outside consultants. The current plan is to launch ABR OLA for diagnostic radiology diplomates in early 2019. The other disciplines—radiation oncology, medical physics, and interventional radiology—will be included in this process as soon as possible after the initial launch.

Although we will never have a perfect diploma assessment tool, the ABR is confident that the ABR OLA model is an excellent way to accomplish a major ABR MOC goal: demonstration of radiologists’ ongoing competence, lifelong learning, and continuous professional development. A similar process has already been implemented by the American Board of Anesthesiology, and several other American Board of Medical Specialties boards are piloting longitudinal assessment programs as well.

For more information, please call the ABR office at (520) 790-2900, or send an email to information@theabr.org.

CALL FOR APPLICATIONS
Examination Committee Volunteers

The American Board of Radiology (ABR) is issuing a Call for Applications for volunteers to serve on its Initial Certification and Maintenance of Certification (MOC) Examination committees.

The ABR is currently developing a pilot that may replace its MOC Part 3 requirement to pass a traditional proctored examination every 10 years. The new model is a continuous assessment that leverages advances in technology to bring the process to diplomates online. The pilot Part 3 assessment tool, known as ABR Online Longitudinal Assessment (ABR OLA), will incorporate modern and more relevant adult learning concepts to provide a psychometrically valid sampling of diplomate knowledge.

Additional information can be found at www.theabr.org/sites/default/files/abr-media/pdf/ABR-MOC_Part_3_Changes_Press_Release.pdf

More information on volunteering for the ABR can be found at www.theabr.org/abr-volunteer. To apply, please complete and submit the ABR volunteer application form at https://form.jotform.com/61745152459157.

Dr. Marie Lee

Dr. Marie Lee (in the white hat) enjoying the great outdoors with her weekend hiking buddies, who are in finance, engineering, and geology.

**WORK:** Multi-specialty clinic, Virginia Mason Medical Center, Seattle. “We are fortunate to have a residency and commitment to teaching and training the next generations, as well as to quality and innovation. I have wonderful colleagues who keep me challenged.”

**TRAINING:** Residency at the University of Virginia, Charlottesville; fellowship in nuclear medicine, Mallinckrodt Institute of Radiology, St. Louis.

**BOARD CERTIFICATION:** 1982. “Passing the boards certifies that you have reached a milestone and attained a certain level of knowledge, but you quickly realize that the need to keep learning is ongoing.”

**HOW WAS THE ORAL EXAM?** “There were so many intimidating stories about the oral boards, but once you started, they were like a long case conference. You never forget the day, the cases, or the look of the hotel. I can meet any radiologist who took the oral boards and share an amusing story about that day.”

**PRACTICE REWARDS:** “Advancements in how we image and image reconstruction are remarkable. The evolution of radiology has been in parallel with other technological changes, and I have enjoyed being part of the change.”

**PRACTICE CHALLENGES:** “Many stationary hours in front of a monitor lead to physical and eye fatigue. Less interaction with clinical colleagues, who can get images in their offices, leads to less sharing of ideas. Movement and visibility will be key in our future.”

**SPARE TIME:** “I try to get to the mountains, and for many years I did technical climbing. I have given up the ropes but still hike every weekend when not working and backpack every year.”

Dr. William Erly

Dr. William Erly scuba diving

**WORK:** Profesor of radiology, University of Arizona, Tucson.

**TRAINING:** Residence, University of Texas, Houston; fellowship in neuroradiology and MRI, University of Arizona.

**BOARD CERTIFICATION:** 1991. “I am more proud of my board certification than any other educational achievement. It is the culmination of years of hard work and continuous study.”

**WHY PARTICIPATE IN MOC?** “Most importantly, it is validation of meeting a continued high practice standard, which provides a sense of personal satisfaction and accomplishment. Secondly, it helps with hospital credentialing, as little or no additional documentation is needed to justify neuromaging interpretation.”

**INVOLVEMENT IN TRAINING:** “I feel that medical training has a large gap in teaching physicians how the corporations that surround many of us operate. I am developing a ‘Nano-MBA’ curriculum for our residents to familiarize them with the way hospital administrators view physicians and the differences between corporate and medical culture.”

**MEMORABLE ACCOMPLISHMENT:** “I am most proud of having helped establish a volunteer radiologist program in conjunction with the ABR and the U.S. Army Hospital in Landstuhl, Germany, during the Iraq War. It was an honor to work with the military physicians, provide a few lectures, and help with their clinical load. There was a sense of mission and common purpose that is sometimes lost in daily practice.”

**SPARE TIME:** “Maybe because I work in a room with no windows, I enjoy every moment when I am outside. I could be walking my dog, hiking, or reading a book. I grew up watching Jacques Cousteau, and I have had a fascination with scuba diving my whole life. Despite the gear, you feel weightless, and the movement in three dimensions seems like flying.”

To read more of our interviews with Drs. Lee and Erly, go to www.theabr.org/news-landing.
Dr. Marques Bradshaw enjoying a boat cruise with his wife, Francesca

WORK: Nuclear radiologist, Medical University of South Carolina, Charleston, balancing the mission of training, performing research, and maintaining clinical practice. Also serves as assistant dean for resident inclusion with the College of Medicine, working to strengthen diversity efforts related to recruitment and retention of those underrepresented in medicine.

TRAINING: Undergraduate, Morehouse College, Atlanta; medical school, Duke University, Durham; nuclear medicine residency, Vanderbilt University, Nashville; radiology residency, Medical University of South Carolina.

BOARD CERTIFICATION: 2010. "Board Certification symbolizes the culmination of a lifelong dream to become a physician and, specifically, a radiologist. It embodies the quality that I hope to give to all my patients going forward."

WHAT DO YOU LIKE MOST ABOUT NUCLEAR RADIOLOGY? I truly enjoy breaking down my specialty in such a way that my residents leave our program having a workable framework to attack any nuclear examination."

WHAT DO YOU LIKE LEAST? "Seeing children succumb to their illnesses. Frequently, because we are a small specialty, we get to know our 'frequent fliers,' and it can be disheartening when you are informed that one of them has passed away."

MEMORABLE ACCOMPLISHMENT: Winning the Golden Apple Award from the radiology residents. "It was truly a special treat to be recognized for my efforts in educating the next generation of imagers."

SPARE TIME: "When I'm not spending time with my wife and three kids, I enjoy watching Duke basketball."

Dr. Lilli Ivansco hiking with her sons, William and Daniel, in Rocky Mountain National Park (photo by her husband, Joey Ivansco)

WORK: Part of large subspecialty radiology group in Denver. Practices roughly 75 percent breast imaging and 25 percent general/body imaging and call shifts.

TRAINING: Undergraduate degree, Yale University, New Haven; medical degree, internship, residency, and fellowship, Emory University, Atlanta.

BOARD CERTIFICATION: 2013, the last year of the DR Oral Exam. "It was a stupendous relief to pass oral boards. It meant that regardless of my self-doubt, I had been deemed worthy of the title of radiologist. And then, funnily enough, once the euphoria subsided I felt a fiduciary duty to maintain my professional worthiness, so as to not let down those who had trained me."

HOW DO YOU PREPARE FOR THE ORAL EXAM? "We did thousands of cases. One particular cardio-thoracic attending, normally regarded as the most benevolent radiologist alive, unveiled an icy, ruthless examiner persona that made us sweat and stammer."

PRACTICE LIKES AND DISLIKES: "I am honored when a colleague, regardless of experience or seniority, solicits my clinical opinion on a difficult case… I hate delivering bad news to good people. But I also believe one of my most important responsibilities as a breast imager is conveying information to patients with kindness and compassion."

SPARE TIME: Loves to hike and explore the outdoors and does Pilates to correct postural defects caused by too many hours in the reading room. "I also run around after my two boys, aged 6 and 10, who remind me to at least occasionally live in the moment."

by Kay H. Vydareny, MD, Associate Executive Director for Diagnostic Radiology and the Subspecialties, and Donald P. Frush, MD, ABR Trustee and Vice Chair for Diagnostic Radiology

Initial Certification

Having fully transitioned to our new examination paradigm, the ABR continues to offer the Core and Certifying examinations twice each year. The Core Examination was delivered in June and November 2016, in both the Tucson and Chicago exam centers. The June exam continues to be larger because most of the candidates complete 36 months of training in diagnostic radiology (DR) in time for that administration.

This is the last comprehensive examination a radiologist/radiology trainee will take, and it covers 18 different content areas, including breast imaging, cardiac imaging, gastrointestinal radiology, interventional radiology, musculoskeletal radiology, neuroradiology, nuclear radiology, pediatric radiology, physics, reproductive endocrinology, thoracic imaging, ultrasound, urology radiology, and vascular imaging, as well as quality and safety, CT, MR, and radiology fluoroscopy.

The examination scoring is criterion referenced, and results can be passed, failed, or conditioned. The pass level is determined by Angoff committee members composed of specialists in each content area. Statistics for the 1,149 candidates in June 2016 were similar to those of the previous examinations: 91 percent passed, less than 1 percent conditioned, and 9 percent failed.

Study aids for the Core Examination, including module blueprints and study guides, sample topic contents, the Quality and Safety Syllabus, and a practice examination, remain available on the ABR website (www.theabr.org/ic-dr-core-exam). The Certifying Examination was administered in March and October 2016 to candidates who finished their training no fewer than 12 months prior to taking the exam. The exam consists of five modules—an Essentials Module, which covers topics with which all radiologists should be familiar, including diagnoses commonly seen on call or in the emergency setting; a Noninterpretable Skills (NIS) Module, which covers topics such as statistics, quality, and safety (such as diagnosis and management of iodinated contrast reactions); and three clinical practice modules. Candidates are able to select their own clinical practice areas, so that the exam is relevant to their individual training and practice experience. Each candidate may select one, two, or three modules in a clinical practice area. The first module selected in a clinical practice area is at a fundamental level, while subsequent modules in the same area are at an advanced level. In 2017, the NIS content will be integrated into the clinical practice modules.

The NIS and practice-profiled clinical modules administered on the Certifying Exam are identical to those currently found on the MOC Exam. Study guides for the clinical modules, as well as a syllabus for the NIS Module, are available on the ABR website. A study guide for the Essentials of Nuclear Imaging (NIS) Module, which covers topics such as statistics, quality, and safety (such as diagnosis and management of iodinated contrast reactions), and three clinical practice modules. Candidates are able to select their own clinical practice areas, so that the exam is relevant to their individual training and practice experience. Each candidate may select one, two, or three modules in a clinical practice area. The first module selected in a clinical practice area is at a fundamental level, while subsequent modules in the same area are at an advanced level. In 2017, the NIS content will be integrated into the clinical practice modules.

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Subspecialty Certification

The 16-month pathway to subspecialty certification in nuclear radiology has been changed to make it more available for residents and training programs. Beginning in 2017, candidates who complete 16 months of training in nuclear radiology and related areas, and who take and pass three advanced modules of nuclear radiology on their Certifying Examination, can be awarded both DR certification and a subspecialty certificate in nuclear radiology. The 16 months of training include four months of training required of all DR residents; up to four months of nuclear

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PEOPLE LIKE YOU IN RADIATION ONCOLOGY

Dr. Arie Dosoretz with his family


TRAINING: University of Pennsylvania, Philadelphia, for college and medical school, and residency training at Yale-New Haven Hospital.

BOARD CERTIFICATION: 2016. “I found the oral boards to be extremely well organized and fair. Naturally, one feels a significant stress around that test, but the process itself helped to calm the nerves. Board certification means I have the ability to meet the standard of care required for our cancer patients.”

WHY RADIATION ONCOLOGY? As a third generation radiation oncologist, grew up surrounded by the field and was further drawn to it in medical school.

TRAINING: Undergraduate degree in human environment and design, Michigan State, East Lansing. Worked in Germany and Taiwan after graduation and traveled around the world. Pre-med at University of South Florida, Tampa, and University of Miami. Medical school at University of Utah and radiation oncology residency at LDS Hospital, Salt Lake City.

BOARD CERTIFICATION: 1985. MOC participant with lifetime certificate in therapeutic radiology. “I was relieved to pass my boards; 30-plus years later, I continue to be proud of my board certification. The process solidified my knowledge and laid the groundwork for lifelong learning.”

PRACTICE CHALLENGES: “Once you’re finally in that position (attending physician), you often have to double and triple check that you really feel you’re appropriate for taking on the responsibility.”

PRACTICE REWARDS: “I am most proud when my patients thank me for my work and for taking the time to ‘see them as a real human being.’ It is easy to think about patients in terms of their diagnosis, but that would be an extreme simplification of who they are. I value my interactions with them and everything that they teach me about life.”

LITTLE-KNOWN FACT: “Few people know that I play the guitar and harmonica. Before I fully committed to science in college, I dreamt of being a musician and even recorded a ‘demo.’ Now I just play for fun and mostly play songs that I make up for my kids.”

Dr. Geraldine Jacobson posing with an antique dealer in Rhodes, Greece

WORK: Founding chair of new academic radiology department (2012), West Virginia University, Morgantown. Works in a cancer center with a multidisciplinary team and effective clinical trials infrastructure. Focuses on breast, gynecologic, and CNS cancers.

TRAINING: Undergraduate degree in human environment and design, Michigan State, East Lansing. Worked in Germany and Taiwan after graduation and traveled around the world. Pre-med at University of South Florida, Tampa, and University of Miami. Medical school at University of Utah and radiation oncology residency at LDS Hospital, Salt Lake City.

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To read more of our interviews with Drs. Dosoretz and Jacobson, go to www.theabr.org/news-landing

RADIATION ONCOLOGY REPORT

EVOLVING VOLUNTEER OPPORTUNITIES IN RADIATION ONCOLOGY

by Paul E. Wallner, DO, Associate Executive Director for Radiation Oncology, and Lynn D. Wilson, MD, MPH, ABR Trustee for Radiation Oncology

The mission of the ABR is such that a large number of volunteers is essential to completing the necessary tasks, with ongoing support from a staff of talented and motivated professionals. Due to the changing nature of practice patterns and scientific and clinical advances, a cadre of volunteers from all practice settings and with varied interests is constantly being sought.

Prior to 2012, the primary radiation oncology (RO) examination was submission of questions for various qualifying (written) examinations, or clinical case material for certifying (oral) examinations. The nature of the oral exam process provided relatively few opportunities to participate, and experienced volunteers would frequently examine for many years before stepping aside or being replaced, giving other volunteers an opportunity to serve as oral examiners.

With the introduction of RO time-limited certificates in 1995 and reorganization of the RO clinical category committees in early 2012, some volunteer opportunities were eliminated, but others were added to the list of available options. The ABR trustees had always believed that decisions involving candidates for Initial Certification (IC) and diplomates participating in Maintenance of Certification (MOC) should not be made exclusively by ABR trustees and staff, so IC and MOC advisory committees were established. These committees are populated by volunteers at every level of training and practice, including residents currently in their post-graduate training, newly certified diplomates, and more seasoned diplomates. They convene by conference call, primarily as anticipated changes in programming require their input. Both the IC and MOC advisory committees were instrumental in proposing worthwhile changes to the Nonclinical Skills exam content, as well as development of the modular (practice-based) MOC exams introduced in 2015.

MOC Part 2 (Lifelong Learning) requires that diplomates obtain Category I continuing medical education (CME) credits, and that a portion of those credits must be in self-assessment instruments. A number of organizations have obtained ABR Deemed Status to provide this self-assessment CME (SA-CME) or self-assessment modules (SAMs). This deemed status can be obtained after ABR approval of a minimum of 10 submitted programs or publications. Until that number and deemed status are attained, or submissions are from non-deemed status organizations, the submissions must be reviewed and critiqued for relevance, quality, and appropriateness of the self-assessment tools. This review is performed by diplomates who have volunteered for that service. Many of these individuals later elect to move on to clinical category committee assignments.

A major change in volunteer participation accompanied the clinical category committee reorganization in 2012. Prior to that time, numerous “ad hoc” item (question) writers would submit questions for the IC and MOC examinations in their areas of clinical interest. Although large numbers of items were thus available, the submitters often lacked sufficient expertise in the nuances of psychometrically appropriate item development, so many items were unused. Subsequent to January 2012, standing clinical category committees were established with a fixed number of volunteers reporting to co-chairs, each with either qualifying or certifying examination responsibility. After that point, committee chairs and committee members became supported by a site-assigned ABR trustee and the associate executive director for radiation oncology. Committee members now are trained in item and case development via webinar.

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Dr. Sonja Dieterich enjoying the High Sierra in California

ABR certification is documentation that as a medical physicist, I have a certain level of expertise, engage in continuous education, and strive to keep my professional knowledge up to date in times of rapid change.

WHY MEDICAL PHYSICS? Was previously a nuclear physicist, but changed to medical physics, which “combines applied physics work and rewarding outcomes.”

PRACTICE LIKES AND DISLIKES: “I most like that I can go home after a day of work knowing that I contributed to helping about 60 patients that day in their fight against cancer. What I least like is how incredibly hard it is to find even a little bit of research money to drive the profession forward.”

MOST MEMORABLE ACCOMPLISHMENT: “You should see me when my residents pass an ABR exam, land a good job, or get a paper published. I am so proud of their hard work! Rather than naming a single accomplishment, I think it is the many little things happening each day that make me feel accomplished.”

HOBBIES: “My happy place is when my crampoons dig into snow, the ice axe bites, and I take the next step up a mountain with my climbing partners. I love the sense of accomplishment, I think it is the many little things happening each day that make me feel accomplished.”

To read more of our interviews with Drs. Dieterich and Bourland, go to www.theabr.org/news-landing
WHY INTERVENTIONAL RADIOLOGY? “My passion for the field of radiology, combined with my interest in a procedure-oriented specialty, makes training in interventional radiology the best of both worlds.”

WHY PURSUE BOARD CERTIFICATION? “So my patients will have confidence that I provide quality healthcare in my practice.”

HOW HAS YOUR RESIDENCY BEEN SO FAR? “I am three months into my interventional radiology residency at Vanderbilt, and I have greatly enjoyed my work thus far. I find myself surrounded by talented physicians who are also gifted teachers. I am pleased to have discovered that even a new radiology resident like me is able to help in the diagnosis and treatment of a varied and diverse group of diseases.”

MOST MEMORABLE INTERACTION: “My interaction with the senior resident on my trauma surgery rotation during my internship will stay with me throughout my career. She consistently exemplified calm and decisive action under pressure. She also understood the emotional toll of the work and took the time to teach us how to cope with the difficult experience of treating gravely injured patients.”

SPARE TIME: “One of my favorite things is to enjoy the outdoors with my husband and/or friends. We spend time hiking, boating, attending outdoor concerts, visiting vineyards, and anything that gets us outdoors together.”

To read more of our interviews with Drs. Raybon and Caudill, go to www.theabr.org/news-landing

Dr. Courtney Raybon hiking with her husband Will in Yosemite National Park

Jeanne M. LaBerge, MD

INTERVENTIONAL RADIOLOGY REPORT

by Anne C. Roberts, MD, Associate Executive Director for Interventional Radiology, and Jeanne M. LaBerge, MD, ABR Trustee for Interventional Radiology

The new interventional radiology/diagnostic radiology (IR/DR) primary certificate continues to move forward, and the ABR will issue the first certificates in 2017. The IR/DR certificate was designed to recognize interventional radiology as a unique medical specialty, addressing the diagnosis and treatment of diseases through expertise in diagnostic imaging, image-guided minimally invasive procedures, and the evaluation and clinical management of patients with conditions amenable to these methods. Those certified in IR/DR will have demonstrated competency to practice in diagnostic radiology, as well as the full scope of interventional radiology.

Integrated IR Residency Programs

At its last meeting in September 2016, the Residency Review Committee (RRC) of the Accreditation Council on Graduate Medical Education (ACGME) accredited 17 new integrated IR programs. Sixty-one integrated IR programs have now been accredited in time to participate in the upcoming National Residency Matching Program (NRMP) match in March 2017. Of these, 55 have vascular and interventional radiology (VIR) fellowships. It is anticipated that approximately 122 PGY-2 positions will be offered in the match. Residents can enter integrated IR programs, which have a five-year training pathway, through the match in medical school or through transfer from a diagnostic radiology (DR) residency.

The Electronic Residency Applications Service (ERAS) opened for IR on September 15, 2016, and medical students have begun to submit their applications. So far, there have been more than 250 applicants for the 122 positions, demonstrating a strong interest in IR among medical students.

Independent IR Residency Programs

The ACGME will begin accepting applications and approving independent IR programs in 2017, and these approved programs will begin on July 1, 2020. Applicants for these programs must have completed a DR residency. Residents who have completed Early Specialization in Interventional Radiology (ESIR) training during their DR residencies will have a one-year pathway; others will have a two-year pathway.

The examination structure will consist of the DR Core Examination in the 36th month of residency training, and an IR/DR Certifying Examination with both oral and computer-based components three months after completion of training. Details of the examination structure and specific requirements for each exam are being finalized.

The ABR is very pleased with the remarkable cooperation between DR and IR during the development of training for certification in this specialty. We are certain that the new training paradigm has already improved the clinical visibility of IR, has promoted patient-centered care in radiology, and has the potential to improve patient care in IR.

We will continue to provide information regarding the new IR/DR specialty certificate as it becomes available. Please check our website at www.theabr.org/ic-irdr-landing for the latest information.
RADIATION ONCOLOGY, continued from p. 9

radiology-related areas where cross-sectional images, including PET scans, are interpreted; and at least eight months of nuclear radiology, which no longer needs to be taken as one block. The requirement that these programs can be undertaken only in departments with an accredited nuclear radiology fellowship or nuclear medicine residency has also been relaxed so that any department that can meet the requirements can enroll residents in this program. More information about this program is posted on the ABR website at www.theabr.org/ic-nuc-landing.

Maintenance of Certification

The biggest news, of course, is a transition from a Maintenance of Certification (MOC) Examination once every 10 years to ABR Online Longitudinal Assessment (ABR OLA), which is described on pages 5 and 6 of this report.

The 2016 MOC Examination was delivered in both Tucson and Chicago exam centers in March and October 2016. A total of 635 diplomates took the examination; the overall pass rate was greater than 90 percent. The only diplomates required to take the 2016 MOC Exam were those who would take the 2016 MOC Exam, as indicated in their personal myABR accounts, were required to take and pass the exam in 2016. Other diplomates will be given an exception for meeting Part 3 requirements until ABR OLA is available. The added item inventory requirements for the program will necessitate significant enlargement of the clinical category committees, with additional volunteer opportunities available.

As the clinical category committees are expanded, the ABR expects that there will be new interest among younger diplomates, and individuals who have been certified for a minimum of one year will be eligible to participate. Oral examiners must be at least five years post certification to be invited to participate in the oral examinations.

Volunteer Activity

We would like to thank the 252 diagnostic radiology volunteers, serving on 28 separate committees, for helping the ABR with these endeavors. We have estimated that in total, these volunteers have spent 15,120 hours on ABR activities—a lot of time! Indeed, the ABR could not perform its mission without volunteer help. Writing examination questions, editing questions written by others, and compiling the examinations. We can never thank our volunteers enough for what they do! The ABR OLA endeavor will require even more volunteer help. If you are willing to help us, please go to www.theabr.org/volunteers and submit your volunteer application online.

RADIATION ONCOLOGY, continued from p. 11

and conference calls, and they meet face-to-face periodically to refine examination content. Oral examiners are selected on a rotating basis from the committee membership, with new members added as older members resign or their terms expire.

A new MOC Part 3 Online Longitudinal Assessment (called ABR OLA) may replace the existing traditional secure MOC Exam, likely in 2019 (see pages S-6). Diplomates who need to pass an MOC Exam by the annual review on March 2, 2017, as indicated in their personal myABR accounts, were required to take and pass the exam in 2016. Other diplomates will be given an exception for meeting Part 3 requirements until ABR OLA is available. The added item inventory requirements for the program will necessitate significant enlargement of the clinical category committees, with additional volunteer opportunities available.

As the clinical category committees are expanded, the ABR expects that there will be new interest among younger diplomates, and individuals who have been certified for a minimum of one year will be eligible to participate. Oral examiners must be at least five years post certification to be invited to participate in the oral examinations.

Volunteer opportunities continue to exist for physician-scientists, physicists, and radiation biologists, on the physics and cancer and radiation biology standing committees. The responsibility of item development for these groups is primarily related to the basic science sections of the written examinations, but they also provide support to MOC program development.

The ABR values all its volunteers regardless of their specialty and experience in the field. We can never thank our volunteers enough for what they do! The ABR OLA endeavor will require even more volunteer help. If you are willing to help us, please go to www.theabr.org/volunteers and submit your volunteer application online.

CERTIFICATION STATISTICS

<table>
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<td>1,413</td>
<td>1,844</td>
<td>3,303</td>
<td>4,175</td>
<td>9,318</td>
<td>10,083</td>
<td>12,391</td>
<td>12,994</td>
<td>10,849</td>
<td>66,370</td>
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</table>

*Numbers decreased due to transition from the oral exam to the Certifying Exam in diagnostic radiology (see table below).

**Specific specialty of medical physics

Subspecialty Certificates Issued 2006-2015

<table>
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<tbody>
<tr>
<td>Diagnostic Radiology</td>
<td>[121]</td>
<td>[116]</td>
<td>[181]</td>
<td>[169]</td>
<td>[181]</td>
<td>[263]</td>
<td>[232]</td>
<td>[211]</td>
<td>[217]</td>
<td>[183]</td>
<td>[1,874]</td>
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<tr>
<td>Therapeutic**</td>
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<td>[16]</td>
<td>[14]</td>
<td>[28]</td>
<td>[22]</td>
<td>[41]</td>
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<td>[45]</td>
<td>[54]</td>
<td>[26]</td>
<td>[291]</td>
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<tr>
<td>Radiation Oncology</td>
<td>136</td>
<td>135</td>
<td>123</td>
<td>166</td>
<td>139</td>
<td>148</td>
<td>155</td>
<td>170</td>
<td>164</td>
<td>154</td>
<td>1,490</td>
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</tbody>
</table>

*Because of the transition from the diagnostic radiology (DR) oral exam to the DR Certifying Exam, only those who took and passed a DR oral exam were certified in 2014. The first DR Certifying Exam was administered in October 2015.

**Specific specialty of medical physics

Subspecialty Certificates Issued 2006-2015

<table>
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<tr>
<td>Neuroimaging</td>
<td>134</td>
<td>139</td>
<td>148</td>
<td>158</td>
<td>167</td>
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<td>197</td>
<td>189</td>
<td>159</td>
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<td>Nuclear Radiology</td>
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<td>2</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>13</td>
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<td>Pediatric Radiology</td>
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<td>34</td>
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<td>59</td>
<td>60</td>
<td>57</td>
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<tr>
<td>Vascular &amp; Interventional Radiology</td>
<td>74</td>
<td>88</td>
<td>81</td>
<td>103</td>
<td>98</td>
<td>117</td>
<td>133</td>
<td>150</td>
<td>177</td>
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<tr>
<td>Hospice &amp; Palliative Medicine*</td>
<td>NA</td>
<td>NA</td>
<td>9</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>42</td>
<td>0</td>
<td>5</td>
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<tr>
<td>Total</td>
<td>236</td>
<td>260</td>
<td>275</td>
<td>304</td>
<td>321</td>
<td>362</td>
<td>438</td>
<td>412</td>
<td>409</td>
<td>358</td>
<td>3,375</td>
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*Subspecialty approved in 2006; examinations offered every other year, beginning in 2008. Certificate administered by the American Board of Internal Medicine.

Number of Diplomates Participating in Maintenance of Certification

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Radiology</td>
<td>20,600</td>
<td>1,875</td>
<td>3,147</td>
<td>227</td>
<td>2,996</td>
<td>79</td>
<td>26,743</td>
<td>2,181</td>
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*As of September 2016. Number of lifetime certificate holders in brackets.
## Diagnostic Radiology Core Exam Pass Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Residents taking exam for first time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>91%</td>
</tr>
<tr>
<td>2015</td>
<td>87%</td>
</tr>
<tr>
<td>2016</td>
<td>91%</td>
</tr>
</tbody>
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## Medical Physics Part 1 Exam Pass Rates (First-time Takers)

<table>
<thead>
<tr>
<th>Year</th>
<th>General</th>
<th>Clinical</th>
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<tbody>
<tr>
<td>2014</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td>2015</td>
<td>73%</td>
<td>73%</td>
</tr>
<tr>
<td>2016</td>
<td>65%</td>
<td>71%</td>
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</tbody>
</table>

## Medical Physics Part 2 Exam Pass Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>First-time Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>75%</td>
</tr>
<tr>
<td>2015</td>
<td>80%</td>
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<tr>
<td>2016</td>
<td>83%</td>
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</tbody>
</table>

## Medical Physics Oral Exam Pass Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>First-time Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>65%</td>
</tr>
<tr>
<td>2015</td>
<td>74%</td>
</tr>
<tr>
<td>2016</td>
<td>60%</td>
</tr>
</tbody>
</table>

## Radiation Oncology Initial Exam Pass Rates (residents taking exam for first time)

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinical</th>
<th>Physics</th>
<th>Biology</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>92%</td>
<td>81%</td>
<td>87%</td>
</tr>
<tr>
<td>2015</td>
<td>97%</td>
<td>98%</td>
<td>89%</td>
</tr>
<tr>
<td>2016</td>
<td>95%</td>
<td>97%</td>
<td>94%</td>
</tr>
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## Radiation Oncology Oral Exam Pass Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Residents taking exam for first time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>93%</td>
</tr>
<tr>
<td>2015</td>
<td>88%</td>
</tr>
<tr>
<td>2016</td>
<td>90%</td>
</tr>
</tbody>
</table>

## Medical Physics Oral Exam Pass Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>First-time Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>65%</td>
</tr>
<tr>
<td>2015</td>
<td>74%</td>
</tr>
<tr>
<td>2016</td>
<td>60%</td>
</tr>
</tbody>
</table>

## Radiology-themed Cakes

The cakes below were created by Medical Physics Diplomate and ABR Volunteer Jessica Clements, MS, who is from Los Angeles. She was featured in the Summer 2014 issue of the ABR’s Volunteer Bulletin. To read the story and see two more of her radiology-themed cakes, visit [www.theabr.org/news-landing](http://www.theabr.org/news-landing).

- **An ultrasound of the hepatic vein with color flow**
  - Baked for a radiology director retiring after more than 40 years of service. It says, “The first medical x-ray: as legendary as Connie Quarles!” She won the “living legend” award right before her retirement.

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  - Tucson, Arizona
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  - Associate Executive Director
  - Interventional Radiology
  - La Jolla, California
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  - Diagnostic Radiology and Subspecialities
  - Atlanta, Georgia
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  - Radiation Oncology
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- **Matthew A. Mauro, MD**
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- **Brent J. Wagner, MD**
  - Reading, Pennsylvania

## Board of Governors

(See individual photos on page 2)

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- **Mary C. Mahoney, MD**
  - Cincinnati, Ohio

**From left:** Lisa A. Kachnic, MD, President-Elect; Milton J. Guiberteau, MD, President; and Geoffrey S. Ibott, PhD, Secretary/Treasurer
The American Board of Radiology (ABR) welcomes the following new trustees, whose terms of service will begin on October 28, 2016. The Board of Trustees advances the quality, relevance, and effectiveness of the ABR's examinations and programs for Initial Certification and Maintenance of Certification across all disciplines of radiology.

Sanjeev Bhalla, MD, is professor of radiology at the Mallinckrodt Institute of Radiology (MIR) at Washington University in St. Louis, Missouri, where he serves as the section chief of cardiothoracic imaging and vice-chair of education.

A Yale University graduate and an ABR diplomate in diagnostic radiology, Dr. Bhalla received his medical degree from Columbia University College of Physicians and Surgeons in New York in 1994. After an internship at Columbia, he completed his residency and fellowship at MIR and was named Fellow of the Year in 2000. He has been on staff since then. For about a decade, he was co-director of emergency radiology at MIR and has published numerous articles on the interface between body and emergency imaging. In 2012, he received MIR's Distinguished Clinician Award.

As an assistant program director at MIR, he enjoys being part of the largest radiology residency in the nation. In 2003 and 2011, he was named the Radiology Residency Teacher of the Year. He has received four teaching awards from medical students and one from surgery house staff, and twice has been named the Alpha Omega Alpha Lecturer at Washington University.

Dr. Bhalla has been volunteering for the ABR since 2005, starting with the oral board exams and then becoming the inaugural chair of the Core Exam Thoracic Committee in 2009.

Cheri L. Canon, MD, FACR, is professor and Witten-Stanley endowed chair of radiology at the University of Alabama at Birmingham (UAB). She is a fellow of the American College of Radiology (ACR) and completed her undergraduate training at the University of Texas at Austin, followed by medical school at the University of Texas Medical Branch in Galveston.

After completing her residency training in diagnostic radiology at UAB, she joined the faculty of the Abdominal Imaging Section. Dr. Canon served as director of medical student education in the Department of Radiology, followed by associate residency program director and then residency director and vice chair of education for six years. She also has served as the UAB School of Medicine Curriculum Committee chair and was senior vice chair of operations and division director of radiology before becoming appointed as interim chair of radiology in June 2010, and permanent chair in February 2011.

Dr. Canon served as an ABR oral examiner for the ABR for 10 years. She was appointed chair of the Certifying/Maintenance of Certification Exam GI Committee in 2012. She recently served as chair of the ACR Commission on Education and sits on the ACR Board of Chancellors as the vice president of the college.

(See individual photos on page 2)
American Board of Radiology headquarters in Tucson, Arizona

5441 E. Williams Circle
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