ABR Update

Kay Vydareny, M.D.

Associate Executive Director for Diagnostic Radiology and the Subspecialties
Topics

- Exam security
- Present exam
  - “Board eligible”
- EOF (actually EOSoon)
- MOC, briefly
  - Requirements of continuous certification
- Questions
ABR and exam security

- What is this “culture shift” and why worry about it now?
  - Process of developing EOF – 400+ DR volunteers, 20+ committees
    - Don’t want to turn analysis/management items into memorization
    - Psychometrically sound to use some % previously used questions
So...what is OK?

- Directed study using Study Guides (available now on the website for Core exam), Practice Exam (available late 2012), pilot 2013

- Group study based on the most frequently performed and critically important areas of practice
What is not OK?

- Don’t attempt to remember questions in order to share specific questions/answers with other residents, individually or collectively.

- Don’t receive lists of recalled questions and memorize them as a form of exam preparation.
Residents will sign new attestations:

- I have received and read the ABR Exam Security Policy, and have viewed the exam security video.
- I understand the guidelines, responsibilities, and penalties as stated in the policy.
- I pledge to honor and abide by the ABR Exam Security Policy. I will not engage in the memorization, recording, or sharing of recalled questions from ABR examinations. I understand that if I fail to adhere to the ABR Exam Security Policy, one or more of the consequences listed in the policy may apply to me and/or my residency training program.
Moving Forward

- Program Directors and Coordinators will also sign attestations, as will Department Chairs.

- The ABR has requested that ACGME include activity involving specific recalled items in PIF/site visitor questions.
Moving Forward

- ABR exams given in computer testing centers incorporate security features:
  - Biometric identification
  - Security cameras
  - Proctoring

- ABR can monitor and enforce exam security, but the bottom line is still individual professionalism!!
Present oral exam: EON (now)

- Core pilot 2012
  - All categories will be available.
  - Candidate will be assigned two appointments – one before and one after oral.
  - First category = assigned; second = own choice
  - Why take? Opportunity to raise from condition to pass in two categories

- Results available Friday May 25, 2012.
  - Final letters in July – AU-E, next steps
How long is your certificate valid?

- Continuous certification = no end date, beginning 2012
- Must participate in MOC – yearly rolling look-backs
  - First look-back in 3 years - “certified”
    - Need 3 years credits in CME, SAMSs, up-to-date license
  - If behind - “certified, not meeting MOC requirements” for one year
  - If behind in 4 years, could lose certificate
What is the future of the oral exam?

- **May 2013** – last “big” exam
- **Nov 2013, May 2014, Nov 2014** – oral exams (full and conditions)
  - If fail Nov 2014 – move to Core Exam
  - If condition Nov 2014 – move to Certifying Exam
    - (2 categories/conditioned category + essentials and NIS)
      - If fail, take entire Certifying Exam
How long are you “Board eligible”?

- 6 years after finish training
- If not certified, must have additional year of training.
- Will have opportunity to take Core and Certifying twice/year.
Subspecialty Certificates

- When earned, will have no end date; contingent on meeting MOC requirements.
- DR and SS certificates will be synchronized.
- Can earn NM SS certificate with 16 months of NM during residency.
EOF Core Exam - Purpose

To validate that a diagnostic radiology candidate has acquired knowledge, skill, and understanding of the entire field of diagnostic radiology, including physics
Core Exam - Timing

- Residents expected to take at 36 months.
  - Exception – research residents with >9 months research in first 3 years can delay.
  - Few other exceptions granted.
- First exam September 30-October 4, 2013
- Subsequent exams – third week of June
Core Exam - Structure

- Image-rich, practice related
- Will assess knowledge and comprehension (40%) and application, analysis, synthesis, and evaluation (60%)
- Level of expertise expected for the exam is basic to intermediate.
18 categories; each must be passed.

- **Organ system:** MSK, Cardiac, Thoracic, Gastrointestinal, Urinary, Repro/Endo, Neuro, Pediatric, Breast, Vascular
- **Modality:** Ultrasound, Interventional, Nuclear Radiology/Molecular Imaging, CT, MRI, Rad/Fluoro
- **Fundamental concepts:** Patient safety, physics

Items presented in random order.
RISE (RadioIsotope Safety Exam)

- Plan - to embed in Core Exam
- Rationale: Radioisotope safety is important for all DR, not just for Aus.
- 50-60 scorable units
  - 25-30 already in NM, Safety, Physics
  - 25-30 additional radioisotope safety items
- Recent NRC letter – likely also include clinical scenarios in Certifying Exam.
Core Exam - General

- Study guides posted on ABR website (www.theabr.org).
- Exam will take two half-days.
- Given in central locations – Chicago, Tucson – 2x year.
<table>
<thead>
<tr>
<th></th>
<th>Breast</th>
<th>Cardiac</th>
<th>GI</th>
<th>MSK</th>
<th>Neuro</th>
<th>Peds</th>
<th>Thorax</th>
<th>Repro / Endo</th>
<th>Urinary</th>
<th>Vascular</th>
<th>Q#</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>IR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>MR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>NM/Molecular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Rad/Fluoro</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Q#</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>

minimum 60 questions per row/column
Core Exam - Physics

- Practical, image based
- More questions than other categories
- Physicist included on each of the item-writing committees
Core Pilot 2013

- Will be administered June/July 2013.
- Available to those who will take exam in Oct 2013.
  - Space limitations will limit others (PDs, other residents).
  - There is enough space to accommodate all R3s who want to take the pilot.
- Feedback will be given by category (reference to peers or % correct – not pass/fail).
Certifying Exam - Purpose

- To validate that the candidate has acquired **and is able to apply** the requisite knowledge, skill, and understanding that:
  - every practicing physician should possess. (20%) (NIS)
  - every practicing radiologist should possess. (20%) (Essentials)
  - this particular practicing radiologist should possess to begin independent practice in chosen clinical practice area(s). (60%) (CPAs)
Certifying Exam - Timing

- To be taken 15 months after finishing residency
- Will be given 2x/year
Certifying Exam - Structure

- Image-rich exam
- Emulate practice
- Focus assessment on application, analysis, synthesis, and evaluation
- Level of expertise expected for the exam is intermediate to advanced.
- Will include normals, normal variants, artifacts
Certifying Exam - Structure

- Each module at least 60 scorables units.
- Exam will be ~ 5 hours long.
- Is both the first MOC Exam and the Certifying Exam for the residency.
Certifying Exam - NIS

- What every physician should know
- Domain includes: ethics, governmental regulations, systems-based practice, etc.
Certifying Exam, Essentials

- What every radiologist should know
- Includes, but not limited to, Emergency Radiology, common on-call dx
Certifying Exam - Clinical Practice Areas (CPA)

- Candidate chooses 3 modules.
  - If more than 1 in an area, will contain more advanced content.

- CPAs: Breast, Cardiac, GI, MSK, Neuro, Pediatric, Thoracic, GU, Vascular-Interventional, Nuclear Medicine, Ultrasound, and General Radiology.
  - Each will include relevant Peds, Physics.
Certifying Exam, Scoring

- Will be pass/fail only.
- Must pass NIS, Essentials, and CPAs as a group.
- If failed, must keep CPAs the same for next administration of the exam.
Test Centers

- **Chicago**
  - Close to O’Hare Airport
  - 560 seats
  - Ready for April MOC 2012 Exams

- **Tucson**
  - Will be in ABR building
  - 180 seats
  - Will be ready for Core Pilot 2013

- Plan – to transition to distributed centers by 2017, if possible.
ABR Identification

FastPass Sign In Instructions:
Please place your hand on the palm rest as indicated in the picture.

#12345
Dr. Amy Smith

2013 MOC Practice Profile Exam
9/13/2013, Chicago Il.
Profile (Recorded 10/12/2012)
- 25% Neuroradiology
- 75% Pediatrics

Seat: E 54

Please proceed to your seat indicated below your picture. Your personal items may be stored at the space indicated for E 54. Turn off all electronic devices and store them with your personal effects.

The examination begins promptly at 10am. A short instructional walkthrough and practice exam will begin at 10:45.

Exam results will be available on your PDB on 9/20/2013.
Goals of MOC

• Provide physicians with the means to continually assess and improve their abilities

• Assure high standards for patient care

• Process, not just an exam
ABR MOC

- Part I: Professional standing
- Part II: CME and self-assessment modules (SAMs)
- Part III: Cognitive exam
- Part IV: Practice quality improvement (PQI project)
Part I: Professional standing

- Must hold at least one current, full and unrestricted license in U.S. or Canada, including the state(s) in which practice is located
- Update every year
Part II: Lifelong Learning and Self-assessment

- 25 CME/year; 75/3 years
  - Specialty specific = related to radiology or area of interest (e.g., urology for GU radiologists)
  - Others: clinically related areas or relevant topics such as risk management, ethics, statistics, the processes of continuous quality improvement, etc.
Part II: Lifelong Learning and Self-assessment

- 2 SAMS q year; 6 q 3 years (must be ABR qualified)
- Presently on website: 25 NIS
  > 220 clinical
Part III: Cognitive expertise

- Must take exam q 10 years.
- Computer-based exam given in test center.
- 5 modules
  - 1 NIS
  - 4 based on practice profile submitted by diplomate.
Clinical practice areas

- Breast
- Cardiac
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Neuroradiology
- Nuclear
- Pediatric
- Thoracic
- Ultrasound
- Vascular and Interventional
- General to be added soon
MOC Exam

- May take 1-4 different modules.
  - If take more than 1 in an area, first is fundamental content; others are more advanced content.
  - Must take two in each SS area.

- Study guides available on website.

- Since need 1 exam q 10 years, if have SS certificate, that delays next necessary exam.
Part IV: Practice Quality Improvement

- Need 1 PQI project/3 years.
- Attest on PDB each year.
The Quality Improvement Cycle

Plan
- Identify area needing improvement
- Devise a measure
- Set a goal

Act
- Develop an Improvement Plan
- Implement for new cycle

Do
- Carry out the Plan
- Collect data

Study
- Analyze the data
- Compare to Goal
- Root Causes
Public reporting

- Beginning Aug 2012, ABMS will report on status of individual diplomates.
  - Meeting requirements of MOC
  - Not meeting requirements of MOC
  - Indication to go to ABR website for further info (i.e., LTC not required to participate)
Questions?