

From the Editors

An Effective Handoff

2018;11[3]:40-42

by Lane F. Donnelly, MD, Exiting Editor, *The Beam*

It has been my pleasure to serve as editor for *The Beam*. To borrow a term from the quality and safety world, it is now time for a handoff. With my rotation off the ABR Board of Trustees, my time as editor for *The Beam* has come to an end. Dr. J. Anthony (Tony) Seibert PhD, a member of the Board of Governors, now has taken over as the new editor. I would like to acknowledge the work of Donna Breckenridge, who up until recently served as the director of communications for the ABR and was also my partner in managing *The Beam*. Donna did most of the heavy lifting and I very much enjoyed working with her. She recently retired, and we wish her all the best in this new phase of her life. Eva Wilson will be taking over in working with Dr. Seibert on this and future editions. So, this edition of *The Beam* represents a complete handoff!

It is hard for me to believe that it has been five years since the first edition of *The Beam* for which I was editor was distributed in 2014 [1]. A lot has happened during those five years. Changes include, but are not limited to, SA-CME credit for MOC Part 2; Continuous Certification; the new myABR; the Connections Center; expansion of activities that meet requirements for MOC Part 4 (Practice Quality Improvement); simplified MOC attestation; and the upcoming Online Longitudinal Assessment (OLA) to meet MOC Part 3, replacing the need to travel for an exam every 10 years.

As stated in my first article in *The Beam* in 2014, the objective of this newsletter is to foster effective communication from the ABR to its diplomates and candidates concerning the rapidly changing landscape of board certification. I know that Dr. Seibert and the team will continue to communicate the evolving details and importance of our efforts in self-regulation via board certification.

Transfer Complete

by J. Anthony Seibert, PhD, Incoming Editor, *The Beam*

First, I would like to thank Lane Donnelly for five wonderful years of insight and oversight as editor of *The Beam*. His leadership and creativity in deciding topics and articles to be published, as well as penning the “From the Editor” column for each edition over this time represents a significant amount of effort, and a huge challenge for me to continue in his footsteps. I hope I am equally successful and I look forward to communicating, through *The Beam*, information from the ABR that is meaningful, important, timely, and useful to candidates in the certification process and to diplomates enrolled in Maintenance of Certification.

As the ABR Fall Retreat in Tucson (September 27-29) concluded, several transitions of members and positions occurred within the Board of Governors (BOG) and the Board of Trustees (BOT). Dr. Brent Wagner is now the ABR president, replacing Dr. Lisa Kachnic, and Dr. Vince Mathews is president-elect. Incoming members to the BOG are Dr. John Kaufman, Dr. Cheri Canon, and Dr. Donald Flemming (as chair of the BOT). Those completing BOG terms were Dr. Mary Mahoney, Dr. Matt Mauro, and Dr. Donald Frush (as former chair of the BOT). To provide continuity, Dr. Kachnic will be serving a one-year transitional term on the BOG.

Incoming members to the BOT include Dr. Desiree Morgan, who will oversee abdominal imaging; Dr. M. Victoria Marx, interventional radiology; Dr. Stephen Simoneaux, pediatric radiology; Dr. David Larson, quality and safety; and Dr. Andrea Ng, radiation oncology. Completing terms on the BOT were Dr. Lynn Wilson, Dr. Lane Donnelly, and Dr. Donald Frush, with Drs. Kaufman and Canon transitioning to the BOG. As chair of the BOT, Dr. Flemming will serve on both boards. I extend my sincere thanks and gratitude to those ending board service for their time, effort, and dedication to the ABR. You will be greatly missed. And congratulations to the incoming members of the BOT and BOG!

In this issue of *The Beam*, the *Focus on MOC* by Dr. Vincent Mathews provides an update on the Online Longitudinal Assessment Pilot and details for the 2019 launch for diagnostic radiology [2]. There are many other messages, articles, information, and announcements of interest that I hope you will find useful. As always, your feedback on the content of *The BEAM* and suggestions for future articles are always welcome and appreciated; just send an email to information@theabr.org.

References

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From the Executive Director

Professional Self-Regulation

2018;11[3]:43-44

by Valerie P. Jackson, MD

“By failing to adequately self-regulate as evidenced in a series of medical scandals resulting in the death of patients, the UK’s medical profession lost its ability to self-regulate.” [1]

American physicians are aware of the current standards and regulations for practice in the United States (US). What happens in other countries? In 2012, the United Kingdom (UK) instituted “revalidation,” a process of re-licensure to show that physicians are keeping up to date and giving good care to patients.

There had been a series of medical misadventures in England that resulted in patients dying. The most prominent case involved a physician who was convicted of murdering at least 15 patients [2]. The government felt that physicians had failed to adequately self-regulate, so a new process was developed and administered by the General Medical Council (GMC), a public body that keeps the official register of physicians in the UK. The goal was to regain the trust of the community and promote continuing professional development.

In the UK process, every doctor must undergo an annual evaluation, with a more detailed assessment every five years. All doctors must collect samples of their work, including feedback from patients, colleagues, and staff; descriptions of what they have learned from training and from errors; and any complaints they have received. Each case is reviewed by regional “responsible officers,” who are experienced senior physicians or employers authorized to recommend doctors for revalidation by the GMC. Responsible officers also get other information about a doctor’s work from his or her employer, and have the ability to take action immediately if serious problems occur [3]. The GMC has a campaign to get patients involved in giving feedback and raising concerns about their doctors or their care. The GMC’s message has been that “revalidation should be an unobtrusive celebration of their commitment and achievement. . . an open statement that they are worthy of the public’s trust.” [4]. Compared with continuing board certification in the US, the UK process appears much more onerous and obtrusive.

Australia is considering instituting a similar process [5]. Could this happen in the United States? We currently enjoy self-regulation of our profession. While some consider the certification process of the American Board of Medical Specialties (ABMS) Member Boards to limit their freedom, the fact is that this process is developed and administered *by* physicians *for* physicians. If we don't adequately regulate ourselves, we leave ourselves open to government regulation. Having dealt with a number of government agencies during my life, I strongly prefer to avoid their intrusion into the field of medicine.

References:

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2. Dyer C. What have we learnt from Shipman? *BMJ* 2010; 341: 860-861.
3. Rubin P. Commentary: The role of appraisal and multisource feedback in the UK General Medical Council's new revalidation system. *Acad Med* 2012; 87: 1654-1656.
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Focus on Residents

Conjecture and the Core Exam

2018;11[3]:45-46

by Donald J. Flemming, MD, ABR Trustee

The purpose of this column is to discuss issues raised by program directors and others following the release of the June 2018 Diagnostic Radiology (DR) Core Exam results. Concerns surfaced when candidates and program directors started comparing program pass rates with each other. There was speculation on social media outlets that more than one third of the candidates had failed the exam. There was further conjecture that the exam is purposely made more difficult in order to increase failure rates. Even erroneous graphs, based on incorrect assumptions about the distribution of results for test takers, were constructed and published on blogs. On the other end of the spectrum, one program had internally congratulated one of its residents for having the “highest score in the country” based on a “statistical analysis” of the results. Unfortunately, the assumptions made to run this analysis were not valid.

In actuality, the pass rate for the June 2018 Core Exam was slightly lower than average, but it was not statistically different from the mean pass rate since the first administration in 2013. The failure rate for 2018 was 13.0 percent, which is almost identical to the failure rate of 12.9 percent in June 2015. It is important to recognize that the passing score for all ABR exams is based on a criterion-referenced standard, and therefore every examinee could pass the test if they achieve the standard. A panel of volunteers that includes program directors reviews each exam question to create this criterion-referenced standard. They are asked to score the likelihood that a minimally competent third-year resident would correctly answer the question. The cumulative results of this process are then used to establish the criterion-referenced standard for passing the exam.

It is important to remember that the Core Exam content is carefully crafted to make certain that it is appropriate for residents finishing their third year of DR training. Unusual diagnoses or uncommon presentations of common diseases are purposely avoided. The exam questions are vetted by volunteers at the time that a particular category selects its questions for that year’s exam. Exam questions are subsequently reviewed at a test assembly meeting by a different panel of volunteers with representation from each category in diagnostic radiology. Content that is felt to be inappropriate can be, and often is, removed at each of these review steps. There is no organized effort by—or direction from—ABR leadership to make the exam more

difficult. Content is chosen solely because it is felt to be reasonable and relevant information that a future board-certified radiologist would know.

Finally, the importance of engaging our critical scientific minds when we evaluate exam results cannot be overstated. The emotions associated with poor outcomes can allow cognitive biases to overwhelm the rational mind. Creating conclusions based on sampling bias (talking to a few colleagues) or the inappropriate use of statistics (generating graphs based on erroneous assumptions) is unacceptable in a science-based discipline. We should be as critical, or even more so, of information that we read in social media outlets as we are of that in our peer-reviewed literature.

Essentially, the Core Exam is thoughtfully constructed and reviewed multiple times by more than 100 volunteer radiologists before it is administered. The exam is appropriate for candidates completing their third year of residency training and the results show that it clearly and objectively identifies individuals who meet or exceed the criterion-referenced standard. It is natural to want to blame the exam when failure occurs. However, it is much more constructive, for the sake of both the candidates and their future patients, to focus on a rational solution to correct identified deficiencies.



Focus on MOC

ABR Online Longitudinal Assessment (OLA) Update

2018;11[3]:47-48

by Vincent P. Mathews, ABR President-elect

Since the ABR announced the development of ABR Online Longitudinal Assessment (OLA) in May 2016, significant progress has been made.

We are on track to launch OLA for diagnostic radiology (DR) in early 2019. For the vast majority of our diplomates, it will replace the Maintenance of Certification (MOC) exam that they have been required to pass every 10 years.

The pilot testing is underway. More than 1,700 pilot volunteers completed an interest survey, and 1,500 completed the required nondisclosure agreement.

Creating A Superior Product For You

During 2018, pilot participants have been testing the application workflow, functionality, and navigation, and providing feedback on the questions. Pilot questions focus on diagnostic radiology content from a variety of clinical practice areas; however, OLA pilot participants represent all ABR specialties.

Multiphased Testing

Beginning in July and continuing to the end of November, additional phases have been evaluated each month. Starting with 200 randomly selected diplomates who agreed to help with the pilot process, an additional 200 diplomates have participated in each monthly phase.

Each group has at least one introductory webinar to review objectives, processes, and expectations before they begin.

Based on feedback from participants, many changes have been made to improve the OLA interface and experience.

Looking Forward

For all DR diplomates participating in MOC, the initial implementation of ABR OLA is planned for January, 2019. For radiation oncology, medical physics, and interventional radiology, implementation is expected to begin in early 2020.

Thank you for your support as we upgrade the MOC process to a convenient and easy to use, online technology which will provide a better “knowledge assessment experience” for all diplomates.



Focus on Interventional Radiology/Diagnostic Radiology

New Application Submission Period for VIR Fellows and more IR News

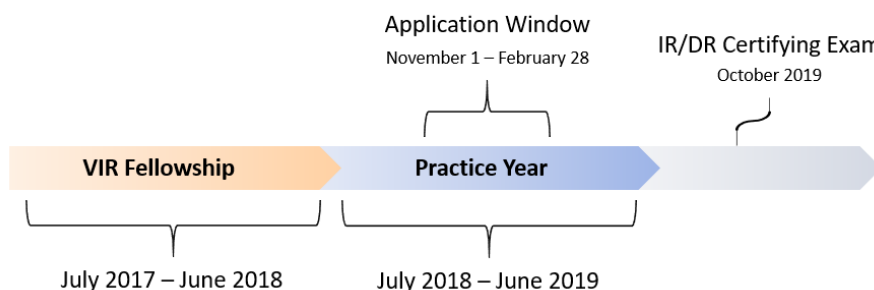
2018;11[3]:49

by John A. Kaufman, MD, ABR Governor

VIR Fellow Application Information

We have adjusted the window for VIR fellows to submit an application to take the IR/DR Certifying Exam. **The application window for the October 2019 exam will be open from 11/1/2018 to 2/28/2019.** VIR fellows interested in taking the IR/DR Certifying Exam in October 2019 need to submit a completed application, including associated fellowship and practice case logs, during this application window. Additional application details for VIR fellows can be found on the [VIR section](#) of the ABR website.

VIR Fellow Application Timeline



IR/DR Transition Pathway (Expires Soon)

Beginning this year, those certified in diagnostic radiology or general radiology who completed an ACGME-accredited VIR fellowship more than 10 years ago, but were not certified in VIR, are eligible to take the oral component of the IR/DR Certifying Exam. Successful ABR candidates will be awarded a continuous ABR specialty certificate in IR/DR. **This pathway will be available for a limited time only, with applications being accepted until February 28, 2020.**

For more information on this pathway and its requirements, please visit the [IR/DR Transition Pathway](#) page on the ABR website.



Focus on Radiation Oncology

2018;11[3]:50-51

Assessment of the ACGME/ABMS Core Competencies in Radiation Oncology

by Paul E. Wallner, DO; Lynn D. Wilson, MD, MPH; and Kaled M. Alektiar, MD

In 1999, the Accreditation Council for Graduate Medical Education (ACGME), the entity charged with defining the requirements for postgraduate specialty residency and fellowship training, entered a new era of program evaluation and accreditation with publication of details related to its Next Accreditation System (NAS). A critical component of the NAS was a list of six core competencies felt to represent the essential elements of good doctoring in the 21st century. These core competencies were developed and published jointly with the American Board of Medical Specialties (ABMS), the umbrella organization for the 24 ABMS Member Boards, including the American Board of Radiology (ABR) (1). By joint adoption and promulgation of these competencies, both organizations effectively indicated that they would become an essential element of all postgraduate specialty training and subsequent assessment for initial certification (IC) and Maintenance of Certification (MOC).

The six core competencies include:

1. **Patient Care:** Use of clinical skills and ability to provide care and promote health in an appropriate manner that incorporates evidence-based medical practice, demonstration of good clinical judgment, and fostering patient-centered decision-making.
2. **Medical Knowledge:** Demonstration of knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of these sciences in patient care.
3. **Practice-Based Learning and Improvement:** Ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the candidate's own practice of medicine, the collaborative practice of medicine, or both.
4. **Interpersonal Communication Skills:** Demonstration of skills that result in effective information exchange and partnering with patients, their families, and professional associates (e.g., fostering a therapeutic relationship that is ethically sound; using effective listening skills with nonverbal and verbal communication; being mindful of health literacy; and working effectively in a team both as a member and as a leader).
5. **Professionalism:** Demonstration of a commitment to carrying out professional responsibilities; adhering to ethical principles; applying the skills and values to deliver

compassionate, patient-centered care; demonstrating humanism; being sensitive to diverse patient populations and workforce; and practicing wellness and self-care.

6. **Systems-Based Practice:** Awareness of, and responsibility to, population health and systems of healthcare, and the use of system resources responsibly in providing patient care (e.g., good resource stewardship, coordination of care) (1).

The ABR has historically assessed competencies 1 and 2 for radiation oncology (RO) in the Qualifying (written) and Certifying (oral) exams, and competency 4 has been assessed, albeit to a somewhat limited extent, by past and intended continuation of the Oral Exam. Competencies 3, 5, and 6 present something of a greater challenge for assessment as they represent skills and knowledge that are not as easily assessed. For many years, the RO Qualifying exams had included occasional items related to certain of these areas, but in 2015, the RO trustees determined to take a more formalized and regularized approach by including a specific number of item targets for non-clinical skills (NCS) in the exam development blueprints, and assisting candidates and diplomates in preparation for those exams. These items now represent between 10 to 15 percent of all IC and MOC computer-based exams.

Early in the process, the RO trustees recognized that the domain of NCS represents a vast base of material sometimes associated with judgmental observations. To assist in exam preparation, a formal NCS syllabus was added to the RO website study guide section, including topics such as bioethics, patient and personnel safety, biostatistics, and quality assurance. Each section will be reviewed and updated as necessary, at least every three years (2). Unlike the study guides provided for clinical oncology, physics, and cancer and radiation biology, which represent potential exam subjects, the NCS syllabus is intended to provide what the RO trustees believe to be essential material in the included topics.

Competency 5, professionalism, represents an ideal to be sought, and hopefully attained, over an entire career, but remains elusive to assess with any individual tool. The ACGME and ABMS recognized this dilemma and solved it, in part, by requiring the establishment of Clinical Competency Committees in each accredited training program. These committees are charged with evaluating each trainee based on a series of milestones, attainment of which is inexorably linked to the core competencies. It falls to these committees, and ultimately to patients and peers in later years, to evaluate candidates and diplomates on this element of practice (1).

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Focus on Medical Physics

Why Are Some ABR Exams Given at Pearson VUE® Testing Centers?

2018;11[3]:52-54

**by ABR Governor J. Anthony Seibert, PhD, and David Laszakovits, ABR Director
for External Relations**

Introduction

The ABR administers a variety of computer-based exams. Some are given at ABR exam centers and some at Pearson VUE® Professional Testing Centers.

The principal advantages of the ABR exam centers are the calibration of the monitors, room lighting and viewing conditions, enhanced exam delivery software tools, and complete control of the entire exam process by the ABR. The ABR currently operates two centers – one in Chicago near the O’Hare Airport and one in Tucson at the board office. The Tucson Exam Center has approximately 180 seats, and the Chicago Exam Center has approximately 560 seats.

For now, the ABR exam centers are used only for exams that require extensive imaging and complex item types, which Pearson VUE® and other commercial testing vendors are unable to support. These are diagnostic radiology (DR) and IR/DR exams that are modular and image-rich examinations that Pearson VUE® and other distributed testing centers cannot handle.

The principal advantage of the Pearson VUE® testing centers is convenience. Pearson VUE® has 309 professional testing centers throughout the United States and Canada and locations in several foreign locations. Occasionally, medical physics exams are administered in Europe and Asia. Pearson VUE® professional testing centers are used for all the written (computer-based) medical physics (MP) and radiation oncology (RO) exams.

Who is Pearson VUE®?

Pearson VUE® is an amalgam of Pearson and VUE. The VUE side of the business was founded in 1994 to provide online training to the informatics industry. VUE is an acronym for “Virtual University Enterprises.” Over time, VUE evolved to become an online testing service. The Pearson contribution is much older, founded in 1844 as a British construction company. Through an odd twist of business fate, the company began acquiring newspapers and publishers around 1920. By 2000, it had initiated the acquisition of testing companies and had purchased VUE. For branding purposes, the division name was changed to Pearson VUE® in 2003. Pearson is a large company with annual revenues greater than 5.9 billion U.S. dollars.

Pearson VUE® provides computer testing services for clients in a variety of industries, including many American Board of Medical Specialty (ABMS) member boards. [Pearson VUE® Market Expertise](#) includes:

- Academia and admissions
- Financial and related services
- Government
- Healthcare
- Information technology (IT)
- Military
- U.S. Licensing and Global Regulatory

ABR Content Development and Publication Process for Exams Delivered at Pearson VUE®?

Figure 1 illustrates the content development process for all ABR computer-based exams. For exams delivered at Pearson VUE®, we also must navigate an additional publication process, which “publishes” (converts) the exam questions and their content from our exam development database to the Pearson VUE® delivery software. This publication process ensures that the exam is of acceptable quality, is properly formatted, and contains the appropriate images.

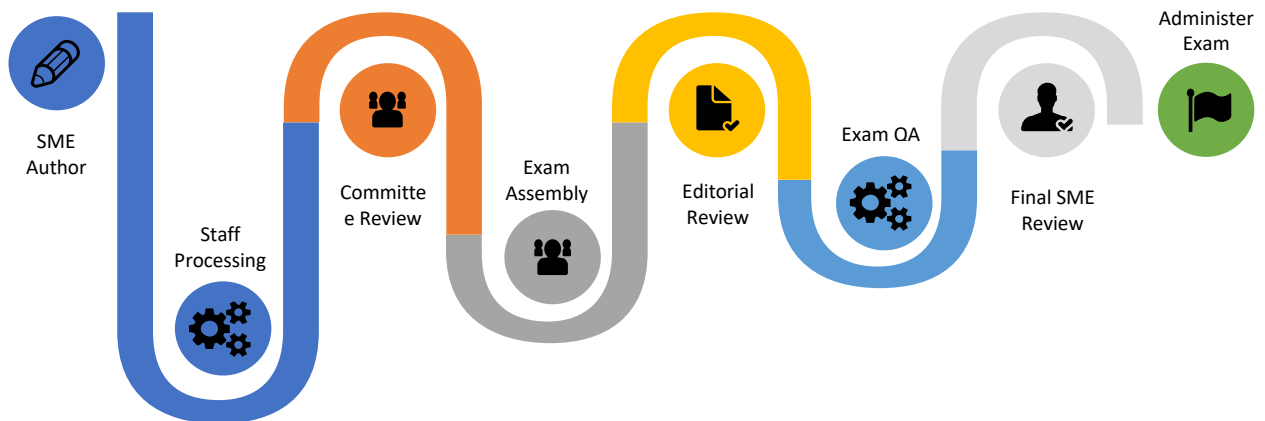


Figure 1: ABR Computer-based exam development process

Legend: SME = subject matter expert; QA = quality assurance;

Selection of Exam Dates and Pearson VUE® Professional Testing Center Security

The ABR makes every effort to secure consistent exam dates each year. Pearson VUE® requires that we submit several potential exam dates to them several years in advance. These potential dates are evaluated by the Pearson VUE® capacity team, which then renders a final decision about which dates are accepted for ABR exam administrations. As a result of this process, exam dates may move by a few days or even weeks each year. Because the ABR delivers a very small volume of exams in comparison to other Pearson VUE® clients, it is not possible to obtain exclusive dates for ABR candidates.

The ABR exclusively uses Pearson VUE®’s professional testing centers, which are owned and operated by Pearson VUE®, not contracted third parties. Pearson VUE® professional testing

centers use industry-standard security and process controls to ensure the best exam delivery experience for each ABR exam candidate. These standards mean that candidates must leave most of their personal possessions in a locker. Also, as paper is not available in the exam suite, erasable white boards are used for notes, simple calculations, and formulae as needed by candidates during the examination. While these process controls seem limiting, they ensure a secure and fair testing environment.

While, in principle, the ABR would like to fully control all its exams, Pearson VUE® is a reasonable alternative that provides our candidates a convenient and cost-effective option for completing their ABR testing.

Recommendations for a Successful Exam Experience with Pearson VUE®

Like any technically dependent large organization, occasional problems occur during exam events delivered at Pearson VUE®. These can range from failure of the building's air conditioning system to technical computer issues. Candidates should know that the ABR and Pearson VUE® will provide appropriate resolution when such issues occur. In addition, direct communication between Pearson VUE® and the ABR is maintained prior to, during, and after each ABR exam administration. If you believe that Pearson VUE® staff are not following ABR policies, or encounter any other issues, please insist that Pearson VUE® staff contact the ABR immediately. Candidates should consider the following other helpful tips for a successful exam experience with Pearson VUE®.

Schedule your exam appointment as soon as registration opens

Because Pearson VUE® administers exams to many other clients in addition to the ABR, it is critical to schedule your exam as soon as the registration is open. This ensures that you have the best opportunity to secure a testing center location most convenient to you.

Explore the Pearson VUE®/ABR testing details page before your exam

Check out the Pearson VUE®/ABR testing details page, <http://www.pearsonvue.com/abr/>, to get acquainted with the details related to your exam. Be sure to spend some time reviewing the Pearson VUE® testing tutorial and practice exam before your exam day.

Plan ahead

On the day of your exam, be sure you leave plenty of time to get to the exam center, accounting for unexpected traffic or other unanticipated travel delays.

File an incident report with Pearson VUE® if you have problems

If a technical problem or other issues do arise, be sure to file an incident report with Pearson VUE® staff before you leave the testing center. If you have problems filing a report or are denied access to take the exam for any reason on your scheduled exam day, insist that Pearson VUE® staff contact the ABR immediately.



Volunteer Spotlight

2018;11[3]:55

In this issue's ***Volunteer Spotlight***, we profile **Linda X. Hong PhD**, an associate attending physicist at New York's Memorial Sloan-Kettering Cancer Center. In 2004 and again in 2012, Dr. Hong volunteered as an item writer for the Therapeutic Radiological Physics Written Exam Item Writing Committee. Then she joined the Medical Physics Initial Certificate Therapy Committee from 2012 to 2018. She also was an ABR oral examiner for therapeutic radiological physics in 2009, 2012, and 2015.

When we asked Dr. Hong her reasons for volunteering, she replied, "Initially I was invited by the ABR to volunteer. Doing volunteer work, I felt that I contributed my knowledge to the ABR so that it can better serve the medical physics community. I also gained new knowledge by working with other volunteers, and very much enjoyed interacting with them. Sometimes I learn different ways of doing things from other volunteer experts that I later use in my own practice."

To Dr. Hong, board certification is an essential qualification for her job, as New York State requires it for practicing medical physics.

Three times during her volunteer service, Dr. Hong has been on the committee assembling exam items. The most memorable was the first time. "It gave me an appreciation of how much work and consideration is involved to make up just one set of exam questions."

One of Dr. Hong's favorite weekend activities is visiting Strand Bookstore in Manhattan with her husband. "I always would find surprisingly interesting old books in that store. One of my favorite books I found there was a hard copy of the British Museum's *A History of the World in 100 Objects* by Neil MacGregor."



Announcements

2018;11[2]:56-57

AAPM's Edith H. Quimby Award Bestowed on ABR Trustee Jerry D. Allison, PhD

The American Association of Physicists In Medicine (AAPM) has honored longtime ABR Trustee Jerry D. Allison, PhD, with its Edith H. Quimby Lifetime Achievement Award (*formerly known as the "Achievement in Medical Physics Award"*). This award recognizes AAPM members whose careers have been notable based on their outstanding achievements. No more than two awards are given in any year and the award does not have to be awarded annually.

Dr. Allison is Professor of Radiology and Allied Health Sciences and Graduate Studies and is Chief of Diagnostic Medical Physics at the Medical College of Georgia (MCG). He has made many contributions to scientific research and education, especially regarding MRI. He has taught extensively in MRI and pursued research interest in MR spectroscopy, functional MRI, and diffusion tensor imaging (DTI). He also has published numerous articles in peer-reviewed journals.

2018 SIR Gold Medal Awarded to ABR Trustee John A. Kaufman, MD, MS, FSIR

The Gold Medal is the highest honor bestowed by the Society of Interventional Radiology (SIR). Established in 1996, this honor is bestowed for excellence and lifetime achievement in that field to those individuals who have rendered exceptional service to it. Gold Medal recipients exemplify those individuals who have dedicated their past and present talents to advancing the quality of patient care through the practice of interventional radiology, and who, by their outstanding achievements, also help to ensure the future of the field. Dr. Kaufman, who received his medal on March 18, 2018, is the inaugural chair of the Department of Interventional Radiology, Director of the Dotter Interventional Institute, and the Frederick S. Keller Professor of Interventional Radiology at the Oregon Health and Science University in Portland. A past-president of SIR, Dr. Kaufman has also served as chair of the SIR Foundation.

ABR Trustee James B. Spies, MD, MPH, to be Honored with 2019 SIR Gold Medal

SIR Gold Medal recipients exemplify those individuals who have dedicated their past and present talents to advancing the quality of patient care through the practice of interventional radiology, and who, by their outstanding achievements, also help to ensure the future of the field.

Dr. Spies is chair and chief of service at MedStar Georgetown University Hospital's Department of Radiology and professor at Georgetown University School of Medicine in Washington, DC. He was board certified in diagnostic radiology in 1984 and in vascular and interventional radiology in 1995. Dr. Spies earned a medical degree at Georgetown, completed residency at UCSF, and fellowship at the New York University School of Medicine. He is an interventional radiologist whose primary clinical and research interest is in uterine embolization for fibroids. His special interests include uterine artery embolization and gynecologic intervention.

Congratulations, Drs. Allison, Kaufman, and Spies!

2018;11[2]:58

The ABR sponsors a booth at numerous society meetings throughout the year. Printed materials are available, and ABR representatives are in attendance to answer your questions. To see a list of society meetings at which the ABR plans to have a booth in 2018, please see below:

ABR-Attended Society Meetings

Society	Date(s)	Location
2018		
Radiological Society of North America (RSNA)	Nov 24 - 30	McCormick Place, Chicago, IL
2019		
Society of Interventional Radiology (SIR)	March 23 - 29	Austin, TX
Association of University Radiologists (AUR)	April 9 - 12	Baltimore, MD
American Society of Neuroradiology (ASNR)	May 18 - 23	Boston, MA
American Association of Physicists in Medicine (AAPM)	July 14 18	San Antonio, TX
American Society of Therapeutic Radiology and Oncology (ASTRO)	Sept 15 - 18	Chicago, IL
Radiological Society of North America (RSNA)	Nov 30 - Dec 6	Chicago, IL