



From the Editor

Volunteers Meet for Training in Tucson

2017;10[2]:24

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

One of my favorite movie quotes is from the 1985 comedy *Volunteers* when Tom Hanks' character states, "It's not that I can't help these people. It's that I don't want to." Luckily, many of the ABR diplomates do not have this attitude.

Between March 4 and 9, 2017, approximately 150 volunteers traveled to the ABR headquarters in Tucson to participate in either an **Online Longitudinal Assessment (OLA) Kick-Off Meeting** or an **Item Writing Training Session**. Many of the new writers will be developing items for OLA.

OLA is a product that the ABR is developing for Maintenance of Certification (MOC) Part 3, or Assessment of Knowledge, Judgment, and Skills. It will replace the previously required 10-year traditional MOC Examination. The new ABR OLA product was described in the "[Focus on MOC](#)" [article](#) in *The BEAM* 2017;10[1]:9-10. For the OLA content creation process, both item writers and item reviewers will create and vet the content, respectively.

The goal for the **OLA Kick-Off Meeting** was for the volunteers participating as OLA item reviewers for each exam category to vet and set targets to define "walking around knowledge" for each of their respective areas. These targets will provide important guidance for the item writers when they are creating OLA content.

The goal of the **Item Writing Workshop** was to help train the new item writers in the process of item creation for ABR examinations and for OLA assessment. The training included a review of item writing guidelines, as well as psychometrics and exam statistics, and training in use of the software the ABR utilizes to create exam items. Volunteers also were given an opportunity to write items during the workshop, with assistance from ABR content editors, exam developers, and imaging specialists.

The ABR depends on the diplomates who volunteer their valuable time to create the processes and content for all of our programs, including OLA. We are very thankful to these many volunteers for their contributions. Because we had an overwhelming response to our recent call for new volunteers, the only specialty that still needs volunteers is medical physics (see 'Focus on Medical Physics' article in this issue of *The BEAM*). If you are interested in participating as an ABR volunteer now or in the future, please see the [volunteer page of the ABR website](#), where an online application form is available.



From the Executive Director

Thanks to Our Diverse Group of Volunteers!

2017;10[2]:25-26

by Valerie. P. Jackson, MD

The ABR could not fulfill its mission without the hard work of our many volunteers. We have approximately 900 diplomates who give their time—without any pay—to write questions, develop our examinations, and serve on our various committees. Our board members and officers also give freely of their time, without remuneration. Why do they do this? One reason is the priceless satisfaction that comes with doing something good for our profession—what could be more important than ensuring the high quality of those certified by the ABR?

Where do our volunteers come from? They are from all over the United States and from all types of practices. All have busy “day jobs” and little free time. Yet when we recently asked for a large number of new volunteers for our Online Longitudinal Assessment (OLA) project, we had an overwhelming response. A fantastic mix of practice settings was represented, and many of our new volunteers are beginning their first experience with the ABR outside of taking our exams.

I often hear or read comments about how academic diagnostic radiologists, interventional radiologists, radiation oncologists, and medical physicists are out of touch with today’s high volume, high pressure practice: that they have residents and fellows to do all their work, that they have “ivory tower” attitudes, and that they are in control of most radiology organizations, including the ABR. I admit my conflict of interest—I was an academic radiologist for my entire career until I became executive director of the ABR. I feel compelled to set the record straight, as I believe that many private practice ABR diplomates, particularly those who trained more than 10 years ago, don’t know the realities of academic practice today.

When I started as a faculty member at Indiana University in 1982, I’ll admit that life was easy. Clinical volumes were much lower than today, and also much lower than in most private practices at the time. It was common for the faculty member to spend time doing “academic things” during the workday, intermittently staffing the clinical work done by the residents and fellows. There were no measurements of “turnaround time.” Residents covered the nights and weekends, with staffing only at the end of their shifts.

At most academic institutions, those days are long gone. “Academic days” have been vanishing for more than a decade, and when assigned to clinical work, academic radiologists are just as “chained to the chair” in the reading room as their private practice counterparts. For the most

part, faculty attendings work alongside the residents to cover the nights and weekends. The pressures for quick turnaround time, consultation with clinicians from other specialties, and discussions with patients are the same as for private practice. Diagnostic radiologists are usually sitting side by side, at their own workstations, with the residents and fellows (if there are any) to get the clinical work done in a timely fashion. There is little or no gap in the intensity of clinical workdays between today's academic and private practitioners.

Why is this clarification important? I feel it is necessary to understand how valuable each diplomate's volunteer activities are to the ABR—and to all other volunteer professional organizations. We know that there is very little discretionary time for everyone, in every type of practice. We don't take this for granted. Our heartfelt thanks go out to each of our volunteers—whether in private practice or academic practice—for what they do to accomplish the important mission of the ABR.



Focus on MOC

Public Reporting

2017;10[2]:27-28

by Vincent P. Mathews, MD

Your ABR certificate suggests to the public that you have undergone rigorous training and passed examinations to demonstrate that you have the requisite knowledge to practice radiology. Participating in Maintenance of Certification (MOC) demonstrates your further commitment to maintaining a current state of knowledge in the years following your training.

More and more patients are searching for their physicians' credentials on the Internet. In addition, our practices and hospitals require many of us to provide evidence of our initial certification and MOC participation, particularly through the credentialing process. The American Board of Medical Specialties (ABMS) has a website, www.certificationmatters.org, which members of the public, including credentialers, can use to determine if a physician has been certified by one of the 24 ABMS member boards. The ABR also provides access to a tool on its public website (www.theabr.org) that anyone can use to determine if a radiologist has been certified by the ABR and is active in the ABR's MOC program.

A short instructional video on how to use the ABR Certification Verification tool is available [here](#).

There are some reporting differences between the ABMS and the ABR, and we believe our new public reporting model, which the ABR implemented on its public website on March 2, 2017, provides a transparent and clearly understandable method to determine a radiologist's certification status. As part of a broader effort to simplify and standardize processes at the ABR, staff members have also developed clear and precise definitions of the various data elements that the ABR tracks and reports for each diplomate.

On the upper right-hand portion of the ABR home page is a box titled "Verify board certification status." Anyone can type in a first and last name and get information regarding that person's ABR certification. When someone enters a name in this box, a verification webpage opens. If the person is an ABR-certified diplomate, all ABR certificates held by the diplomate are listed. Each certificate's status, including validity, valid-through date, maintenance category, and MOC requirements category, is documented.

The **status** of an individual certificate may be "valid," indicating that the diplomate is currently certified in a specific area of practice. Other possible certificate statuses include "expired," "inactive," "lapsed," or "revoked." The **valid-through date** indicates the predicted date through

which the certificate will remain valid. This is determined by a number of different factors for time-limited certificates, depending on the diplomate's activities in the various components of MOC. For lifetime certificates, the year of the diplomate's 100th birthday is provided.

The ***maintenance category*** indicates whether the certificate is being maintained by the diplomate in the MOC program. For lifetime certificates, the page will indicate that the certificate is maintained or that maintenance and MOC participation are not required. For time-limited certificates, the maintenance status will be "maintained" or "not maintained." The field of ***MOC requirements*** will be noted as either "meeting," "not meeting," or, in the case of a lifetime certificate, "not required."

ABR public reporting includes more specific information than that given on the ABMS website, which indicates a diplomate's number and types of certificates and then only notes whether the individual is participating in MOC for time-limited certificates. No validation that MOC requirements are being met is presented. For lifetime certificate holders who have not voluntarily enrolled in MOC, MOC participation is noted as "not required" on the ABMS website.

If your practice or hospital credentialing staff needs to verify a radiologist's certification, please refer them to the ABR website, where they can view and print a free standard credentialing letter. Credentialers who require more detailed information may call ABR Certification Services at (520) 790-2900 or send an email to information@theabr.org.



Focus on Residents

Integrating Residents in ABR Radiation Oncology Program Development

2017;10[2]:29

by Paul E. Wallner, DO, and Lynn D. Wilson, MD, MPH

As candidates on the path toward Initial Certification (IC) and subsequently, diplomates participating in Maintenance of Certification (MOC), residents in training represent one of the most important groups of ABR stakeholders. As such, the ABR radiation oncology trustees have taken a number of steps to integrate this highly motivated cohort of early career physicians into the ABR's program development process.

The Accreditation Council for Graduate Medical Education (ACGME) radiation oncology review committee (RO RC) has a permanent seat for a physician in training in radiation oncology, nominated by the Association of Residents in Radiation Oncology (ARRO). This position is usually assigned to a PGY-4 trainee who can serve for a minimum of two years, until graduating from his or her program. The ARRO RC member is directly involved in program accreditation and review, curriculum development, and establishment of program requirements.

Because of examination security concerns, residents are not directly involved in the ABR IC examination development process; however, candidates are surveyed following administration of the qualifying (written) and certifying (oral) examinations, and their comments are carefully reviewed and considered for examination development and delivery modifications. ARRO representatives do serve on an important ABR IC Advisory Committee that is convened as needed to support these efforts. ABR trustees seek input from this committee membership when significant changes are proposed or anticipated in the IC requirements or processes.

Following completion of postgraduate training, individuals who have attained initial certification are automatically enrolled in MOC and will maintain that participation throughout their careers. Because of this participation requirement, the RO trustees believe that input by early career physicians is critical. An ABR MOC Advisory Committee includes trainees nominated for that role by ARRO and early career diplomates nominated by the American Society for Radiation Oncology (ASTRO), the American College of Radiology (ACR), and the American College of Radiation Oncology (ACRO). This advisory group will serve an increasingly important role as policies and procedures for the ABR Online Longitudinal Assessment (ABR OLA) product are developed to replace the MOC Part 3 cognitive examination.

The ABR values input from these young candidates and diplomates, both in the formal organized advisory committee settings, and on a more informal basis at national meetings and during trustee and staff presentations.



Focus on Diagnostic Radiology

ABR Online Longitudinal Assessment for Diagnostic Radiology

2017;10[2]:30-31

by Kay H. Vydareny, MD, Associate Executive Director for Diagnostic Radiology

The ABR has made a series of improvements to its Maintenance of Certification (MOC) program recently, including expanded opportunities for meeting the requirements of Part 4 by giving credit for activities that diplomates are already performing as part of their practices or voluntary professional efforts (see www.theabr.org/moc-part4-activities). However, the biggest modification to MOC is still in process.

As most have heard, the ABR is modifying MOC Part 3 (Cognitive Expertise) with a pilot program. The 10-year MOC Exam will be replaced by ABR Online Longitudinal Assessment (ABR OLA). As the name suggests, this assessment will be taken online rather than in ABR examination centers, and it will be a continuous, rather than episodic, assessment. Although all the details of this project are not known at this time, this article will answer some common questions that we have been asked.

1. How will I receive the questions?

You will be notified once a week via email that you have an opportunity to answer two questions, which will be available to you in myABR. You may choose to answer these questions immediately or delay your response to a time that is more convenient for you. The opportunity will be available for four weeks. When you choose to answer a question, you will have a brief time limit, typically one minute, to answer it.

2. Will I still get to choose the clinical practice areas included in my assessment?

Yes, practice profile rules will not change. Diagnostic radiology diplomates without a subspecialty will be able to choose up to three clinical practice areas in which to receive questions.

3. Who is writing these questions?

A committee, composed of academic and private practice radiologists who are all participating in MOC, has been formed for each of the traditional subspecialties of diagnostic radiology. Each committee member will write questions, which will be reviewed by experienced editors. A large pool of questions will be developed, from

which content will be pulled for each individual diplomate.

4. What form will the questions take?

At the onset of this program, all questions will be multiple choice, single best answer. Questions will also include images.

5. Will I know if I have answered the question correctly?

Yes, you will receive immediate feedback on your answer. Each question will have a brief explanation of the correct answer, and a reference will be given if you want to learn more.

6. What if my answer is incorrect?

You will receive a similar question on the same topic in the future.

7. How will I know if I am passing Part 3?

A passing threshold will be applied when a minimum number of questions, approximately 200, have been answered. Since a diplomate need only answer 52 questions a year, it will take a number of years to reach this target.

8. When will this begin?

The ABR plans to conduct a pilot for a limited number of diplomates in the latter part of 2018. If all goes well with the pilot, the OLA product will be rolled out to all diagnostic radiology diplomates in 2019. OLA for other disciplines will follow when ready.

9. I was supposed to take an MOC Exam in 2017. Will I be listed as “not meeting MOC requirements” because I can’t take the examination?

No. If you were meeting MOC requirements at the 2017 MOC Annual Review, then your Part 3 requirement is deferred until the rollout of OLA. If you were NOT meeting MOC requirements at this review because you had not taken an MOC examination in the past 10 years, you will be required to take an MOC examination. Please call the ABR office for more information.

10. Is the MOC program being discontinued?

No. The MOC program is continuing, but the Part 3 Cognitive Expertise requirement has been deferred, until OLA is implemented, if you were meeting MOC requirements at the March 2, 2017, annual review. You will need to continue to attest to meeting the Part 1, 2, and 4 requirements each year between January 1 and March 1.



Focus on Interventional Radiology

The Oral Component of the IR/DR Certifying Examination

2017;10[2]:32-33

by Anne C. Roberts, MD, Associate Executive Director for Interventional Radiology

The first Interventional Radiology/Diagnostic Radiology (IR/DR) Certifying Examination will be offered October 15-16, 2017, at the ABR's Tucson Exam Center. This exam will replace the previous Vascular and Interventional Radiology (VIR) subspecialty oral examination. The examination will consist of an oral component and a computer-based component.

Candidates taking this examination who are already certified in diagnostic radiology will only be required to take the oral component. Those who are not certified in diagnostic radiology will take the oral component in addition to the computer-based component, which includes one Essentials of Diagnostic Radiology module and one Interventional module.

The oral component will cover image interpretation, image-guided procedures, and the periprocedural (pre- and post-procedure) management of patients; it will consist of four 30-minute sessions. Each session will be conducted one-on-one (one examinee and one examiner) and will be given by a different examiner, so each candidate will interface with four separate examiners. The ABR will prepare and select the cases. The exam sessions will follow one after another, without any significant breaks.

The content of the oral component will encompass the totality of interventional radiology practice; it will not be tailored to an individual's practice setting. Below are the two major sections of content included in the oral exam:

Imaging of IR

- Will encompass approximately 25 percent of the exam.
- Will emphasize interpretation—CTA, MRA, ultrasound, SPECT/PET, angiography/venography/lymphangiography, biliary/genitourinary imaging, and plain films.
- The images may be from pre-procedural diagnostic studies, intraprocedural imaging, or follow-up imaging.

Intervention

- Will encompass approximately 75 percent of the exam.
- Will emphasize periprocedural management and procedures but will also include procedure-related image interpretation.
- The periprocedural management includes pre-procedure or disease-related work-up, consultation, patient selection, imaging, and medical management.

- Post-procedural aspects of care include medical management, imaging follow-up, identification and management of complications or inadequate outcomes, and disease-specific management.
- Will include indications and contraindications, procedural planning, procedural techniques, device selection and utilization, intraprocedural management of complications, and knowledge of expected outcomes.

For many examinees, taking an oral examination will be a new experience. To help allay examinees' concerns, here is a brief outline of the oral exam process:

- The examination will be given in a standard hotel room.
- Candidates will sit facing a desk with a monitor on it, and examiners will sit to the side and slightly behind the candidate.
- The candidate's back will be to the door of the room, and the door will always be open to the corridor.
- The examiner will identify the beginning of the examination, the transitions between cases, and the end of the examination.
- The examiner may or may not start a case with information, and only enough information will be given to discuss the case.
- Examiners will listen to the examinee's discussion of the case but will not indicate whether they agree or disagree with the candidate's management and performance of a procedure.
- Examiners may redirect the candidate's discussion, or they may stop the discussion and move on to the next case. This should not be taken as either positive or negative; it simply allows the candidate to discuss more cases.

For more information regarding the IR/DR Initial Certifying Exam, including a general outline of topics included in the examination, go to <https://www.theabr.org/ic-ir-study>.



Focus on Medical Physics

ABR Medical Physics Volunteers: A Note of Thanks

2017;10[2]:34-36

**by Jerry D. Allison, PhD; Geoffrey S. Ibbott, PhD; Matthew B. Podgorsak, PhD;
and J. Anthony Seibert, PhD**

Introduction

The American Board of Radiology (ABR) could not function without a large and diverse group of hard-working volunteers. Presently, there are approximately 900 volunteers, including 160 medical physicists. Physics is an integral part of almost all ABR examinations, and without the many medical physics volunteers, production of the exams would not be possible. ABR volunteers write physics content for exams listed in the following table.

<i>Medical Physics</i>	<i>Diagnostic Radiology and IR/DR*</i>	<i>Radiation Oncology</i>
Part 1- Clinical	Core	Physics
Part 1 – General	Certifying	
Part 2 – DMP	RISE**	
Part 2 – NMP		
Part 2- TMP		
Oral – DMP		
Oral – NMP		
Oral – TMP		
OLA*** – DMP		
OLA*** - NMP		
OLA*** - TMP		

*IR/DR candidates also take the Core Exam and part of the Certifying Exam.

**Radioisotope Safety Exam

***Online Longitudinal Assessment, which is currently under development and will eventually replace the traditional 10-year Maintenance of Certification (MOC) Exam.

After each question is written, it is reviewed by a group of medical physicists before it is accepted into a pool of available physics questions. This pool of questions is used by another group of ABR volunteers to assemble content for each of the examinations.

How Can I Volunteer?

We strongly encourage all medical physics diplomates of the ABR to volunteer. In particular, we are actively seeking nuclear medical physicists for various committee assignments. Almost all ABR volunteers begin as question writers for one of the many examinations. The training that question writers receive is valuable for anyone who writes questions for any cognitive examination.

Because we encourage diversity in our volunteers, we welcome medical physicists with either MS or PhD degrees, as well as those from academia or private practice. Please contemplate the needs of the profession and consider volunteering.

To volunteer, go to <https://www.theabr.org/about-abr/abr-volunteering>, where a form is available for you to complete and submit online.

<i>ABR Volunteer Requirements</i>
<ul style="list-style-type: none">• Must be certified by the ABR or the ABMP.• Question writers must be one year post certification.• Oral examiners must be three years post certification.• Must be clinically active in the profession.• Must be enrolled in and meeting the requirements of MOC.

It generally takes a while for the ABR to process a volunteer application. You can help by making sure you include the email addresses of your references and listing your areas of expertise and areas where you would like to help. As the ABR changes from the decennial MOC exam to ABR OLA (Online Longitudinal Assessment), we are seeking additional volunteers to participate in this exciting new activity.

Welcome Matthew B. Podgorsak and a Note of Thanks to Mike Herman

Dr. Podgorsak, who has a therapeutic physics portfolio, has recently become an ABR trustee. He has filled the position previously held by Dr. Michael Herman. We would like to thank Dr. Herman for his innumerable hours of volunteer service to the ABR. Dr. Podgorsak is the chief physicist at Roswell Park Cancer Institute, Department of Radiation Therapy, in Buffalo, New York. Like Dr. Herman, he has a long history of volunteer service to the ABR and previously

received a Volunteer Service Award. He has served on question-writing committees and also as an oral examiner. Welcome, Dr. Podgorsak!

New Question Types

You are reminded that new question types will be included on the Part 1 and Part 2 exams, which will be given in August. Please consult the ABR website for further details (<https://www.theabr.org/ic-rp-new-question-types>).



Announcement

American Board of Radiology Appoints New Governor and Six Trustees

2017;10[2]:37-38

The American Board of Radiology (ABR) has appointed **Robert M. Barr, MD**, to serve on its Board of Governors, effective October 23, 2017. He will fill the position of secretary-treasurer currently held by Geoffrey S. Ibbott, PhD. Dr. Barr is an ABR-certified diagnostic radiologist with a subspecialty certificate in neuroradiology who is currently in private practice at Mecklenburg Radiology Associates in Charlotte, North Carolina. He is also a member of the Physician Executive Team of Presbyterian Hospital in Charlotte. He was recently elected to be American Society of Neuroradiology (ASNR) vice president and will ascend to the ASNR presidency after two years.

Anne M. Covey, MD; Brian J. Davis, MD, PhD; Patricia H. Hardenbergh, MD; Kalpana M. Kanal, PhD; and Christopher P. Wood, MD, will join the ABR Board of Trustees, also effective October 23, 2017. **Matthew B. Podgorsak, PhD**, joined the Board of Trustees on February 1, 2017.

Dr. Covey will replace Jeanne M. LaBerge, MD, as one of the ABR's three trustees for interventional radiology. Dr. Covey is currently an interventional radiologist at Memorial Sloan Kettering Cancer Center and professor of radiology for Weill Cornell Medical College, both in New York City. ABR certified in both diagnostic and vascular and interventional radiology, Dr. Covey has clinical expertise in minimally invasive procedures and is known locally and nationally for her research into diseases of the liver.

Dr. Davis, a board-certified radiation oncologist at the Mayo Clinic in Rochester, Minnesota, will replace Stephen M. Hahn, MD. Dr. Davis has volunteered for several years as a member of the ABR's Radiation Oncology Genitourinary Committee and as an oral examiner. His research interests relate to the radiotherapeutic management of prostate cancer, and he is the author of numerous publications.

Dr. Hardenbergh, who will replace Dennis C. Shrieve, MD, PhD, is a specialist in radiation oncology who is in private practice at Shaw Regional Cancer Center in Edwards, Colorado, and has been in practice for more than 26 years. She is a member of the American Society of Clinical Oncology and of the American Society for Radiation Oncology (ASTRO) Health Services Research. Since 2012, she has been chairperson of Colorado's ASTRO PAC. She has participated in numerous clinical trials and is the author of 63 publications.

Dr. Kanal, who is currently section chief of diagnostic physics at the University of Washington's Department of Radiology in Seattle, will replace J. Anthony Seibert, PhD, who will be moving to the ABR Board of Governors. Dr. Kanal is a native of India who came to the U.S. in 1989 to pursue postgraduate education. She is a fellow of the American Association for Physicists in Medicine (AAPM) and the author of 95 publications.

Dr. Podgorsak filled the position previously held by Michael G. Herman, PhD. A specialist in therapeutic medical physics, Dr. Podgorsak is currently chief physicist of Roswell Park Cancer Institute's Department of Radiation Medicine in Buffalo, New York. He is also a fellow of AAPM. His research interests include stereotactic radiosurgery and the principles and practices of volumetric modulated arc therapy, and he is the author and co-author of numerous publications.

Dr. Wood, a neuroradiologist at the Mayo Clinic in Rochester, Minnesota, is slated to replace Robert D. Zimmerman, MD. Dr. Wood is chair of the ABR's Certifying/MOC Neuroradiology Committee, a member of the ABR's new Neuroradiology Online Longitudinal Assessment (OLA) Committee, and has been an oral examiner for several years. He has been in practice for 31 years and is the author of many publications.



Announcement

ASNR Awards 2017 Gold Medal to ABR Trustee Robert D. Zimmerman, MD

2017;10[2]:39

The American Society of Neuroradiology (ASNR) has selected Robert D. Zimmerman, MD, FACR, as its 2017 Gold Medal recipient. Dr. Zimmerman is from Weill Medical College of Cornell University, New York, New York. The medal will be presented during ASNR's annual meeting in late April.

Dr. Zimmerman is an outstanding clinician and academician. A major reason he chose a career in academic radiology was the opportunity to participate in resident and fellow training. He has served as residency director and/or vice chair for education at Weill Cornell for more than 15 years. Dr. Zimmerman's expertise in educational issues led him to take on a leading role in the revision of the Neuroradiology Fellowship Training Standards for ASNR. During his tenure on the Residency Review Committee, he was selected to represent neuroradiology as a trustee of the American Board of Radiology, for which he chaired the Neuroradiology Oral Examination Committee for eight years.



Spotlight on an MOC Participant

2017;10[2]:40-41

In this issue of *The BEAM*, we shine our spotlight on **Daniel G. Petereit, MD, FASTRO**, a radiation oncologist at Rapid City Regional Cancer Center in Rapid City, South Dakota. He has also been the principal investigator on several NIH grants since 2002, addressing cancer disparities among the American Indian population in the Northern Plains.

Dr. Petereit comes from a medical family--his mother and sister are nurses and his father is a radiologist. In medical school and during his first year of internal medicine, he was drawn to radiation oncology by the patient interactions, the biology of cancer, and the opportunity to potentially make a difference with a dreaded disease.

When we asked him how his specialty meets or differs from his expectations, Dr. Petereit said, "While I started out in primary care, radiation oncology has more than met my expectations with patient interactions--a huge societal dilemma with the burden of cancer; surgical opportunities with a robust brachytherapy practice; and research opportunities.

"The multi-disciplinary nature of radiation oncology continues to be both rewarding and challenging. In addition, I currently have a leadership role with the American Brachytherapy Society (ABS) and have been involved again with the ABR as a gynecological exam developer and examiner. All of the time and effort it takes to implement IMRT after my training has been challenging and unexpected compared to the pre-IMRT era in which I was trained."

Although Dr. Petereit holds a lifetime certificate, he nonetheless participates in MOC, so we asked him for an example of how MOC activities have helped him to improve his practice.

"While I was the last group of radiation oncologists to receive lifetime certification," he told us, "I was required to participate in MOC as an ABR examiner, but this is consistent with my lifetime habit of continued learning. Some of the MOC activities have directed my reading and participation in MOC activities at medical meetings such as ASTRO and ABS."

Dr. Petereit feels that the ABR's recent PQI improvements and Simplified Attestation for MOC are good overall. As for his impressions of our pilot program for replacing the 10-year MOC exam with an online process, his initial impressions are favorable, but he is still learning about the process.

When we asked Dr. Petereit for an accomplishment of which he is most proud, he replied, "While it is difficult to capture one or two moments, I would say the following. First, walking into a patient's room is by far the highest privilege any of us have in medicine. The most challenging and often rewarding moments are trying to convey hope when all standard

treatments have failed or patients have a terminal diagnosis at presentation. Residents are really not aware of this burdensome responsibility when they enter practice as their rotations are often three months at a time. Patients really want two things from us: competency and compassion. We can never lose either one. The former comes from your training, colleagues, MOC, and lifetime learning; the second really comes from what your parents and others taught you in your formative years, plus how you are 'grounded' in life.

"Secondly, I would have never imagined that I would have had the opportunity to work with an entire 'nation' in my backyard--the Lakota Sioux of western South Dakota. Drs. Norm Coleman, Frank Govern, and Rosemary Wong from the National Cancer Institute made community research grants available in 2002. Since then, I have led a cancer disparity program called Walking Forward whose overarching goal is to reduce cancer disparities among the American Indians living in these underserved communities.

"Who would have thought that as a radiation oncologist I would have the opportunity and privilege to lead this ongoing effort? Like most radiation oncologists, I spend much of my time at the cancer center; however, on many days I have the opportunity to visit my staff on the Indian reservations where I network, meet the community, and try to improve cancer cure rates through navigation, screening, access to care, and seeking solutions to difficult problems. In my thousands of miles of travel in my own state, I have met the most interesting people and have been truly blessed."

Much of Dr. Petereit's last 20 years have been spent chasing his four kids around the Midwest for their hockey endeavors. His outside-of-work passions are walleye fishing on a nearby reservoir, downhill skiing, and doing as much of this as possible with his wife Jean and their children.



ABR Announces New Logo

2017;10[2]:42

In this issue of *The BEAM*, you may have noticed that the ABR has a new logo. Although it is similar to our previous logo, we view this new version as a symbol of the change and forward-moving initiatives we are undergoing at the ABR, which we hope will benefit our candidates and diplomates.

We are also hard at work on a new public website (www.theabr.org), which will emphasize a streamlined navigation structure and ease of use. Again, our goal is to improve our communication and services for ABR candidates and diplomates. We plan to launch the new site this summer – stay tuned for more information!



List of Society Attendance

2017;10[2]:43

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 2017, please [click here](#).