



From The Editor

Challenges in Effectively Communicating about Complex Systems to Large Groups and the Role of *The BEAM*

2016;9[2]31-32

by Lane F. Donnelly, Editor of *The BEAM*

Effectively communicating changing details of complex medical systems to large groups of people is always a challenge. In each of the healthcare systems where I have worked, the leadership groups have struggled to optimize efforts toward those communications. How do you let thousands of people know about changes in the system? How do they keep track of and access when needed all the policies and standard operating procedures? Often, the combination of emails, web postings, and updates at meetings falls short.

It is interesting that certain things are easier to communicate than others. For example, here in Houston, I am always impressed that when our hospital leadership sends out an email stating that it is OK for associates to wear *Houston Texans* apparel on Friday to support the team, everyone seems to get the message and shows up in jerseys. Communicating the scheduled downtime of a system can be much more challenging. We all suffer from selective reception of information.

The ABR faces similar challenges in communicating the often complicated and changing details pertaining to certification to our large number of candidates and diplomates. This includes the complexities related to initial certification and the four parts of Maintenance of Certification (MOC). Recently, I was struck by the contents of an email pertaining to lack of communication from the ABR, which was written by a radiology fellow and forwarded to me. The fellow stated, *"I recently received my annual ABR bill, which came unaccompanied (as always) by any correspondence from the Board. It served as a reminder of my repeated disappointment with the lack of communication from the ABR. It also seems like a missed opportunity for the Board not to reach out regarding the role and importance of the Board, goals in the coming year, an explanation about how annual fees are set, etc."*

In one sense, receiving such feedback is not too surprising given the previously mentioned challenges in communicating complex information. However, the ABR does use multiple mechanisms to try to effectively communicate to our candidates and diplomates. First, there is

this publication, ***The Beam***, which is emailed to each of our diplomates and candidates three times each year, as well as posted online upon each publication. As previously reported by one of our past ***Beam*** editors, Dr. Thomas W. Berquist, "***The Beam*** will strive to be recognized as the primary source of communication and interchange with our diplomates (or diplomates-to-be)" (1).

Numerous other ABR communication vehicles are used as well. These include the *ABR Annual Report* (also sent to all diplomates and candidates by email); mass emails sent to specific groups of candidates and diplomates; ABR update presentations at specialty and subspecialty society meetings; close communication with ABR sponsoring societies, including articles placed in their newsletters; the ABR website (www.theabr.org); the myABR portal (<https://myabr.theabr.org>); and the occasional special announcement, such as the one emailed to everyone last September regarding approval of activities to meet MOC Part 4 requirements. We also have the *ABR Connections Center*, staffed with a customer service team that can quickly answer commonly asked questions or, for less common questions, direct the caller to the appropriate staff member (2).

Our charge at ***The Beam*** is to provide a vehicle for effective communication of information and updates pertaining to initial certification and MOC to our diplomates and candidates. To that end, I hope you find the information contained in this edition of ***The Beam*** helpful.

Lane F. Donnelly MD, Editor

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From the Executive Director

Tidying Up the 'ABR House'

2016;9[2]:33-34

by Valerie P. Jackson, MD

In her #1 *New York Times* best-selling guide to decluttering, *The Life-changing Magic of Tidying Up*, Marie Kondo has this to say: “When you put your house in order, you put your affairs and your past in order, too. As a result, you can see quite clearly what you need in life and what you don't, and what you should and shouldn't do.”

You might be wondering what this has to do with the ABR. Well, the past few years have been times of great change – and many more changes are yet to come. As the world of medicine and radiology evolve, the “House of ABR” has been striving to keep pace and remain relevant. We’re trying to declutter our ABR priorities and processes to simplify, reorganize, and automate – all with the goal of making life easier for you, our ABR candidates and diplomates.

Hopefully, you’ve noticed that we have made changes, such as simplified attestation for MOC and more options for Part 4 (Practice Quality Improvement) of MOC. And hopefully, you feel that these changes are improvements and have made it easier for you to meet your MOC requirements. How are we accomplishing these and other changes and improvements?

- We listen to feedback – from you, our candidates and diplomates, and also from our volunteers, training program directors, department chairs, and the public.
- The ABR Board of Governors thoroughly examines and develops strategies, policies, and programs in conjunction with the ABR Board of Trustees and staff.
- Board policies are then implemented by the ABR staff.

During the past year, the Board decluttered our goals by creating a list of four simple strategic priorities, all focused on our candidates, diplomates, and volunteers:

- Exam development and administration
- Continuous certification (MOC)
- Customer service and relations
- External relationships and outreach

ABR staff members have been using these strategic priorities to guide their work of tidying up. We conduct a detailed review of all processes and programs related to these four priorities, to determine what we should keep and what we should discard. We ask ourselves these questions:

- Why do we have this process?
- What do we accomplish with it?
- Why do we keep this information?
- How can we improve the process?

Additionally, after the board has decided on a program change or a new program, the staff works with all stakeholders involved, including staff from various ABR divisions, associate executive directors, board members, and candidates or diplomates, as appropriate. The entire current process (if there is one) is mapped out in detail so that each step can be evaluated for the time it takes, whether it is manual or automated, necessary or not, and the potential for candidate and diplomate satisfaction or dissatisfaction. Whenever possible, our goal is to simplify and streamline our programs to improve accuracy, reduce complexity, and enhance your experience with the ABR.

“This drastic change in self-perception, the belief that you can do anything if you set your mind to it, transforms behavior and lifestyles,” says Marie Kondo about putting one’s house in order. As we strive to streamline and improve our “ABR House,” your feedback is more important than ever! Please feel free to contact me with any comments or concerns you may have by sending an email to abr@theabr.org. Thank you!



Focus on Maintenance of Certification

Reminder: Part 4 Changes

2016;9[2]:35-36

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

On September 8, 2015, the ABR sent an email to all diplomates announcing Maintenance of Certification (MOC) improvements, including expanded options for satisfying Part 4 requirements. The announcement was also posted on the ABR website at www.theabr.org/sites/all/themes/abr-media/PQI-Changes.pdf. Recently, the *Journal of the American College of Radiology* published an article entitled “Recent Changes to ABR Maintenance of Certification Part 4 (PQI): Acknowledgement of Radiologists’ Activities to Improve Quality and Safety” (*J Am Coll Radiol* 2016;13:184-187), which also covered this topic.

Harvard School of Business Professor John Kotter suggests that many change initiatives are unsuccessful because of under-communication. Therefore, I am going to address this issue again. Those of you who are completely familiar with the recent changes the ABR has made to MOC Part 4 requirements can stop reading now. This article is for the rest of you, who still might have some questions about this topic.

Previously, to meet Part 4 requirements, diplomates needed to perform a project using the Plan-Do-Study-Act (PDSA) cycle. This could be done individually or as a group. The intent of this activity was to improve medical practice by identifying an area of deficiency, measuring performance, instituting a change to improve performance, and then reassessing performance. The ABR still considers this the gold standard method to satisfy Part 4 but recognizes that there are many ways to demonstrate improvement in medical practice. For example, alternative quality improvement (QI) methodologies, such as Lean and Six Sigma, can be used.

In addition, radiology professionals can demonstrate commitment to quality and safety through a number of other activities, many of which are a routine part of their daily activities. The key stipulation for these QI activities to meet the Part 4 requirements is that the diplomate is an **ACTIVE** participant. Examples include the following:

- Being a member of a clinical quality or safety committee in your department, practice or institution
- Contributing cases to a national registry

Source: *The BEAM*, Spring 2016 www.theabr.org

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- Publishing or presenting a peer-reviewed quality or safety study
- Developing a safety or QI program such as a daily safety huddle or quality scorecard
- Participating in a departmental or institutional peer review program
- Regularly participating (10 or more per year) in departmental or multidisciplinary patient safety conferences, such as tumor boards or morbidity and mortality conferences
- Actively participating in applying for or maintaining specialty accreditation from organizations such as ACR, ASTRO or ACRO

A more extensive list of these participatory QI activities can be found on the ABR website at www.theabr.org/moc-part4-activities. The website also provides a participation confirmation form that you will need to provide in the case of an MOC audit.

If you have any questions regarding MOC or the new Part 4 QI activity options, please call the ABR Connections Center at (520) 519-2152 or email information@theabr.org.



Focus on Residents

Authorized User (AU) Eligibility vs. AU Status

2016;9[2]:37-38

by ABR Trustees Donald J. Fleming, MD, and M. Elizabeth Oates, MD

The purpose of this column is to clear up some common misconceptions about Authorized User (AU) status and the role the American Board of Radiology (ABR) plays in a diplomate's being granted AU status from the U.S. Nuclear Regulatory Commission (NRC) or an Agreement State. **The ABR does not grant AU status; the ABR only attests to AU eligibility.**

The NRC evolved from the Atomic Energy Commission and has been in existence since 1975. The NRC oversees the development and regulation of the uses of nuclear materials and facilities in order to protect health and safety and minimize danger to life or property. The NRC is required by law to ensure that civilian uses of nuclear materials and facilities are licensed. Agreement States are granted regulatory authority under specific conditions.

The medical use of radioactive materials is granted to AUs. Medical use is defined as the intentional internal or external administration of by-product material or the radiation from by-product material to patients or human research subjects under the supervision of an AU. In broad terms, an AU is a physician, dentist, or podiatrist who 1) has met specific training and experience requirements and 2) has been named on or granted a license or permit for the medical use of by-product materials.

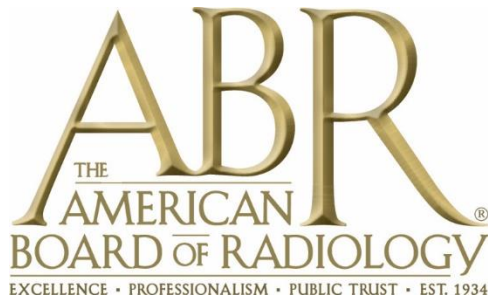
Regarding AU status, the requirements for specific training and experience with radioactive materials are clearly defined in Part 35 of the Code of Federal Requirements (10 CFR Part 35). The subcomponents most germane to diagnostic radiologists include 35.57, 35.190, 35.290, 35.390, 35.393, 35.394 and 35.396. The Diagnostic Radiology RRC program requirements specify the number of weeks in nuclear radiology needed to fulfill these training and experience requirements, including the number of hours in the classroom and laboratory, as well as the number and nature of Na-¹³¹ therapeutic administrations.

The ABR is one of a few specialty boards recognized by the NRC because it ensures that its diplomates have had the requisite training and experience in the medical use of radioactive materials for imaging and therapy. The ABR mandates that all candidates meet the training and experience requirements stipulated by 35.290, 35.392, and 35.394 (www.theabr.org/ic-dr-nrc). Additionally, ABR candidates seeking AU eligibility must demonstrate knowledge in content pertaining to the safe handling and

medical use of radioactive materials through the ABR's Radioisotope Safety Examination (RISE). Information on RISE content can be found at www.theabr.org/sites/all/themes/abr-media/pdf/RISE.pdf and [www.theabr.org/sites/all/themes/abr-media/pdf/CORE_Exam_Study_Guide_FINAL\(V10\).pdf](http://www.theabr.org/sites/all/themes/abr-media/pdf/CORE_Exam_Study_Guide_FINAL(V10).pdf).

Diplomates who pass the RISE portions of the ABR Core and Certifying Examinations are designated as **AU-eligible** on their ABR certificates. This designation signifies that the diplomate has met the requirements to become an AU. **However, it is up to individual diplomates to apply for AU status within seven years of completion of residency.** Depending on the practice location, a diplomate will need to obtain the appropriate AU form from the Agreement State agency or the NRC; the form will need to be completed in full and signed by an AU who can attest that the applicant has completed the requirements. Typically, the attesting AU is one from the diplomate's residency program. **It is strongly suggested that a diplomate apply for AU status as soon as possible.**

Board certification is not the only way to document training for AU status, but it is by far the easiest. Diplomates who did not pass the RISE portions of the Core and Certifying exams may take the RISE as a separate examination, or they may seek AU status through an alternative pathway. Regardless of whether a diplomate seeks AU status or works under the supervision of an AU, such knowledge is critical to safe practice in the radiation sciences.



Attention Diagnostic Radiology Residents

2016;9[2]:39

Beginning in 2016, registrants in Diagnostic Radiology programs will be required to pay their registration fees as part of the application process. Registration will open on July 1 and end on September 30. Late registration will be accepted from October 1 through October 31 with an additional late registration fee of \$400. For more information, please [click here](#).

Also, please remember to enter your licensure information (state and expiration date) in myABR. While you can create your practice profile, register for the exam through CVENT, and even receive your exam results and feedback, you cannot become certified without entering your licensure information.



Focus on Diagnostic Radiology

Frequently Asked Questions

2016;9[2]:40-41

**by Kay H. Vydareny, MD, Associate Executive Director for Diagnostic Radiology
and the Subspecialties**

In this issue of *The BEAM*, I'll address three common questions that the ABR Connections Center receives:

Q. *When will I receive my invitation to the exam (Core or Certifying)?*

A. Your invitation will arrive via email approximately three months prior to the examination. Please remember to update your email address in myABR if necessary so you will receive this and other important messages from us.

Q. *I am trying to fill out my practice profile for the (Certifying or MOC) exam. Can you explain “fundamental” and “advanced” modules to me? How are these modules distributed in the exam?*

A. The ABR has produced modules at two different levels for the Certifying and MOC exams. A fundamental module predominantly contains items that a general radiologist should or must know to practice effectively. An advanced module has items that contain more detail; the content is primarily geared to the level of a subspecialist.

The first module that one selects in a content area will be at the fundamental level. Subsequent modules selected in the same content area (one or two) will be at an advanced level. It is important to remember that if you take a third module in a given area, it will **not** be progressively more difficult than the second module.

The only exception to this distribution of modules is the MOC examination for a radiologist who wishes to maintain a subspecialty certificate. In that case, all modules in the subspecialty content area will be at the advanced level. A candidate who wishes to maintain a subspecialty certificate must take at least two modules in the relevant category; he or she may take the third module in that category or any different category. For more information, see www.theabr.org/moc-dr-comp3.

Q. *I would like to take the subspecialty examination in (nuclear radiology, pediatric radiology, or neuroradiology). How do I register for the examination?*

- A. To be eligible to take a subspecialty examination, one must have completed an ACGME-accredited fellowship in the content area within the last 10 years, or have served at least two years on the subspecialty faculty at an institution with an ACGME-accredited fellowship in that area. For the pediatric radiology and neuroradiology certificate, a candidate must have had a year of practice after the fellowship year, with at least one-third of that year spent practicing in the content area of interest; the practice year is not required for the nuclear radiology certificate. The chair of the department or head of the practice must document the practice experience.

The candidate must also have an unrestricted license to practice medicine in at least one state and have paid all fees due to the ABR. An application for each of the examinations can be found on the ABR website at <http://www.theabr.org/abr-exam-registration>. The registration period for the 2016 examination began February 1 and extends until April 30, 2016; late registration, with payment of a late fee, will be available throughout the month of May. The examinations will be given at the ABR exam centers in Tucson and Chicago on November 5, 2016. The ABR does not issue invitations for the subspecialty examinations.

Please note that the registration period for the 2016 Vascular and Interventional Radiology subspecialty certificate has closed. The 2017 examination for this certificate will be in Tucson, Arizona, in October.

If you have other questions, please call the ABR Connections Center at 520-519-2152 or send an email to information@theabr.org.



Focus on Radiation Oncology

The Radiation Oncology Modular MOC Examination: Evaluation of the First Administration

2016;9[2]:42-44

by Paul E. Wallner, DO; Anthony Gerdeman, PhD; Jennifer Willis, MA; and Anthony Zietman, MD

The American Board of Radiology (ABR) administered its first radiation oncology (RO) Maintenance of Certification (MOC) Part 3 cognitive examination in 2004. Since that time, more than 1,400 diplomates have taken the test (personal communication, American Board of Radiology, March 3, 2016). Although diplomates have generally been satisfied with their examination experience, some concerns have been raised regarding the relevance of the examination to the day-to-day activities of the “average” diplomate. Some of these concerns are related to findings of the triennial clinical practice analysis (CPA) survey conducted by the Board.

It had always been assumed that many academic radiation oncologists focus their practices in a small number of clinical areas, but the surveys demonstrated that many private practice diplomates also limit their practices based on personal interests, loco-regional patient populations, or practice group assignments (1). Unlike diagnostic radiology, which has a number of ACGME-accredited fellowships (2), radiation oncology has none, and certification in radiation oncology remains only in the “general” specialty. For this reason, the diplomate’s MOC examination must appropriately include content related to the broad-based specialty. However, this requirement did not prevent the Board from considering, and ultimately implementing, changes in the examination process that more accurately reflect the working environment of contemporary diplomates.

In 2013, the ABR radiation oncology trustees proposed two significant changes in the examination process. The first involved inclusion of additional examination content related to “non-clinical skills” (NCS). This material encompasses patient safety, quality assurance, bioethics, biostatistics, and identification of normal and abnormal radiographic anatomy. This is important general material that, it can be argued, should be well understood by all practicing radiation oncologists, whatever their degree of specialization. In addition, these NCS items are being emphasized by regulators, the public, and the American Board of Medical Specialties

(ABMS) for each of its 24 member boards (3). These items now comprise 10 percent (20 of 200) of all the questions asked.

The second major change was to develop clinical category-specific modules for each of radiation oncology's eight active categories (gastrointestinal, gynecologic, genitourinary, lymphoma/leukemia, head/neck/skin, breast, adult central nervous system/pediatrics, and thoracic/sarcoma). Up to 30 percent (60 of 200 items) of the exam can now be taken in these categories, rather than in general radiotherapy.

These eight categories have evolved over time, primarily for purposes of initial certification and MOC examination development, as well as for oral examination administration; however, in some cases, they make little clinical sense. A subsequent decision was therefore made that, for future MOC examination modules, the skin and sarcoma content would be embedded in the general radiation oncology items, and pediatric content would be separated from CNS and put into a separate module for those diplomates with that clinical focus (4). A pediatric cancer inventory sufficient to accommodate two modules of 30 items each, for each of the semi-annual examination administrations, will not be ready for use until the October 2016 administration.

Although 2,979 radiation oncology diplomates are active in MOC, only one examination is required every 10 years, and two examination sessions are available each year. As a result, the ABR anticipated that a relatively small number of diplomates would register for the October 2015 examination; ultimately, 94 diplomates took the examination.

Selection of modules was carried out on-site at Pearson VUE test centers, so the ABR had no pre-knowledge of selections or distribution. The single highest number of first-choice modules was shared by genitourinary and breast cancer, each of which was chosen by 21 diplomates. The GI module (13 diplomates) and head/neck/skin module (10 diplomates) followed, with all others in single digits on the first selection. Of note was that for the second module selection, a significant number of diplomates (45) chose the general RO module rather than a second module in the same category as their first-choice module. Relatively few diplomates (14) selected two modules from the same category.

As has been the case for past examinations, an optional post-examination survey was administered to diplomates and was completed by 57 (68 percent). The results of that survey continue to be analyzed and will be reported separately, but an initial review suggests that acceptance of the new format was excellent. One early observation was a sense of inadequacy of the current examination study guide, which has recently been revised. As has been previously reported, the entire process of the MOC Part 3 cognitive examination continues to be under review.

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Focus on Medical Physics

Preparation for the Maintenance of Certification Exam

2016;9[2]:45-47

**by ABR Trustees Jerry D. Allison, PhD; Michael G. Herman, PhD; Geoffrey S. Ibbott, PhD;
and J. Anthony Seibert, PhD**

Background

The ABR Maintenance of Certification (MOC) cognitive exam has the following important purposes:

- To encourage medical physics diplomates to stay current with new developments in medical physics
- To encourage medical physics diplomates to review key medical physics concepts
- To provide data for regulators and policy experts to show that the profession self-regulates in an effective way

Many studies have shown that without regular review, knowledge slowly erodes over time. Further, without constant effort, important new knowledge is not assimilated. The purpose of the cognitive exam is to help physicists avoid these two problems.

The MOC exam is designed to foster continuous preparation, rather than intense study during the few months prior to the examination. Best results are obtained if the diplomate spends a small amount of time studying on a regular basis. Preparation begins with understanding the exam, which consists of 150 questions, most in standard multiple-choice format. Approximately 30 percent of the questions cover traditional medical physics information, and 70 percent cover more recent material. The traditional information is commonly called “walking around” material, which clinical physicists should know at all times. The newer material is taken from a study guide that is frequently updated and is available on the ABR website at <http://www.theabr.org/moc-rp-comp3>.

Each question is referenced to an item in the study guide. The exam focuses on material that is important to the clinical physicist and has become relevant in approximately the last decade. This material is selected by a committee of working clinical physicists in each specialty. The committees are organized to include both MS and PhD physicists, as well as physicists working as consultants, in private hospitals, and in academic practices. Each year the committees review the specialty as a whole and

determine which documents to add and remove from the list of documents used to develop the exam. It is important to note that for each specialty, the entire domain of the specialty is sampled. If you work in an institution that does not cover the entire domain, you should pay special attention to keeping your knowledge current in areas not addressed in your clinical environment.

The questions selected for the exam are designed to be clinical in nature; this has been validated by independent review of the exam. These reviews have suggested that less than 1 percent of the questions would be classified as not clinically relevant. The exam is also criterion based, meaning that a passing standard is derived from a panel of experts. Like the committees mentioned above, this panel also includes individuals selected to include both MS and PhD physicists, as well as physicists working as consultants, in private hospitals, and in academic practices. Anyone whose score is above the standard passes, and there is no curve. While the passing rates for first-time takers have been slightly below 90 percent, the failure rate after multiple attempts is less than 4 percent. We would like the failure rate to be even lower and hope that a better approach to preparation will improve the performance of diplomates.

The exam must have been passed in the last 10 years for the diplomate to remain in the “meeting MOC requirements” category. If the exam has not been passed within 11 years, the diplomate will lose his or her certification. The exam may be taken in any year, and most diplomates choose to take it prior to year 10. There may be multiple reasons for this choice, but certainly it gives the diplomate an opportunity to repeat the exam if all does not go well.

The exam is administered in the fall at Pearson VUE centers throughout the U.S. and Canada, at one center in Europe, and at one in Asia. The Pearson VUE centers are widely available, but they give exams for many groups and tend to fill up quickly. Once you decide to take the exam, you should register as soon as possible. The ABR office can help you with this.

A Long-Term Plan to Improve Your Performance

Since the purpose of the exam is to continuously improve your performance, preparation for the exam also should be continuous rather than episodic. While each diplomate will have his or her own approach to this, there are some general hints that can be helpful.

At least once a year, you should review your study guide and select new or unfamiliar items. Adult learning research suggests that active techniques are the best way to learn material. For example, it might be helpful to highlight material in the document that has clinical relevance. Thus, highlighted material could be used to generate questions for your self-study. Testing yourself also has been shown to be an effective way to retain material. If you can find a study partner, you could quiz each other. Working on this an hour or two a week can be very effective. As your question bank increases, you can review much of the material in the study guide on a regular basis. You should also use the study guide to plan your annual continuing education activities, using attendance at meetings or using the AAPM online resources.

Finally, Self-Directed Educational Projects (SDEPs) provide an excellent resource and are powerful tools for improving your knowledge of medical physics. When you find documents in the study guide that are especially pertinent to your practice, you should consider turning them into an SDEP. In addition, SDEPs may be counted for either Continuing Education (CE) or Self-Assessment CE (SA-CE) credit. For more information on SDEPs, see www.theabr.org/moc-rp-comp2.

There are, of course, many ways adult learners study and retain material. You should design your own program to meet your individual needs. The cognitive exam is an important part of the MOC process, and its purpose is to encourage diplomates to continuously improve their knowledge of medical physics. The best performance on the exam is achieved by regularly learning and reviewing the material.



Spotlight on an ABR Diplomate

2016;9[2]:48-49

ABR diplomate **Sonya Bhole, MD**, a diagnostic radiologist, was among the group of candidates who took the first administration of the ABR Certifying Examination. In Dr. Bhole's opinion, achieving board certification was the crowning achievement of her career up to that point.

"Everything I did academically could be interpreted as steps toward taking and passing the Board Certification exam," Dr. Bhole said. "It is my most important credential because it is, essentially, a summary of all of my other credentials. I am extremely proud of the fact that I have a well-respected group of professional peers who are willing to endorse my skills, knowledge, and qualifications.

"Given that I took the exam the first year it was offered, I was unsure of what to expect regarding content and had no choice but to study as broadly as possible in preparation. For me, the most challenging part was taking the test within the first few months of starting my first job. Within my private practice, I found that many of my colleagues were unfamiliar with the new Board format and, as a group, were unsure of what I was studying for. I think this awareness will improve with time. On a more positive note, I took the Certifying Examination at the same Chicago site as the Core Examination and found that familiarity with the testing site decreased anxiety. I felt the examination was very fair, with reasonable expectations of the test takers."

A self-described "Southern girl at heart who grew up in a small town in Georgia," Dr. Bhole attended undergraduate college and medical school at Virginia Commonwealth University in Richmond. Her career then brought her to Chicago, where she completed a residency, as well as a breast imaging fellowship, at Northwestern University. She now lives in downtown Chicago and is practicing as an attending radiologist and breast imager at Advocate Lutheran General Hospital in Park Ridge, Illinois.

Regarding why she chose her particular specialty, Dr. Bhole told us the following: "I first considered radiology as a possible career choice during my sophomore year of college while undertaking a mentorship with a pediatric radiologist. During this introduction, I remember being taken aback by the immense diversity of the field, even within the pediatric subspecialty. I continued to cultivate my interest during medical school, when, during

radiology rotations, I became more familiar with the role radiologists play in the care of patients. By the time I reached my fourth year of medical school, I was confident in my decision to pursue a career in radiology.

“I feel blessed to have the opportunity to interact with multidisciplinary teams working toward common goals in women’s health care. In addition, the chance to interact regularly with patients and providers from other subspecialties, the unique blend of procedural and diagnostic radiology, and the research possibilities make breast radiology a perfect fit for me.”

We next asked Dr. Bhole how, in practicing her specialty, it meets or differs from her expectations. She replied, “I think that training at Northwestern left me well equipped to jump right in to a busy practice, and I felt confident in my ability to meet medical challenges and tackle tough cases. That being said, you can never be totally prepared for the pace and pressures involved with being a new attending physician. I was fortunate that one of my mentors from training left for my current practice around the same time that I started, and having her support and guidance, especially in the first few weeks, did much to smooth my transition.”

One of Dr. Bhole’s proudest accomplishments was when she was asked her opinion on the topic of radiology and domestic violence for a piece featured in the September 2014 issue of the *ACR Bulletin* (“Putting Together the Pieces: Radiologists Sometimes Hold the Key to Diagnosing Inter-Partner Violence, But Are They Watching for the Signs?”). According to Dr. Bhole, “The subtle signs of domestic violence that can be picked up by radiologists is something I have been passionate about researching since the beginning of my residency training. I hope that the article helped raise awareness of a topic that I feel often gets overlooked and made progress toward making radiologists key players in identifying cases of domestic violence.”

In her spare time, Dr. Bhole loves to travel and enjoys learning about different cultures, tasting unique food, and watching spectacular sunsets. “Living in downtown Chicago has its perks, which include fantastic restaurants, music, theatre, and nightlife, all of which I enjoy in my free time. In the summertime, my husband and I are frequent visitors to outdoor patios and dog parks with our dog Oliver.”

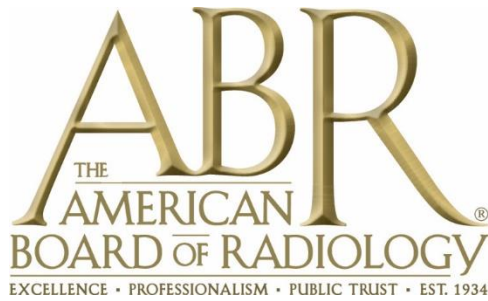


Mahoney Named Permanent Chair of UC's Department of Radiology

2016;9[2]:50

ABR Board of Governors member Mary C. Mahoney, MD, has been appointed chair of the University of Cincinnati's (UC's) Department of Radiology, effective Tuesday, Feb. 2, 2016. Dr. Mahoney's appointment as chair and Ben Felson Endowed Chair of Radiology was approved by the UC Board of Trustees. She also will serve as chief of imaging services at UC Health.

"I'm honored and eager to continue in this leadership role," says Dr. Mahoney. "My goals are to strengthen the already impressive educational, research and clinical missions within the department while supporting my faculty and relationships with colleagues to support multidisciplinary possibilities within the college and the university at large."



ABR Past President Wins SCARD Award

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Congratulations to **N. Reed Dunnick, MD**, who received the 2016 Society of Chairs of Academic Radiology Departments (SCARD) Visionary Leadership Award on April 1, 2016, during the Association of University Radiologists (AUR) annual meeting. This award recognizes an individual who has contributed to the field of academic radiology by exhibiting extraordinary leadership abilities.

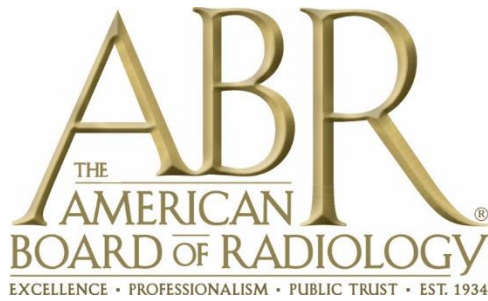
Dr. Dunnick has been a role model in his commitment to organized radiology and service to multiple professional societies. He received four gold medals from the American College of Radiology, the American Roentgen Ray Society, the Society of Uroradiology, and the AUR. He served on the ABR Board of Trustees from 2002 to 2010 and as president of the Board from 2008 to 2010. One of Dr. Dunnick's greatest contributions has been inspiring, mentoring, and developing future innovators and leaders for the radiology profession, which will no doubt benefit the radiology profession and patients for many years to come.



List of Society Attendance

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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 2016, please [click here](#).



American Board of Medical Specialties (ABMS) Offers MOC Resource

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Since its launch in October 2015, the [ABMS MOC Directory, powered by MedEdPORTAL'S CE Directory](#) (MOC Directory), has continued to grow and now indexes more than 300 MOC CME activities that are available to ABMS Member Board diplomates. All 24 Member Boards, including the ABR, have an [MOC Directory landing page](#). The directory is a common, shared platform that acts as an online repository for MOC activities, creating a centralized area for diplomates to access practice-relevant MOC activities across specialties. Among diplomates using the MOC Directory, the feedback has been extremely positive, with 98 percent indicating the content learned on the MOC Directory would improve their practices.