



Initial Certification Diagnostic Radiology Core Exam Policy

Policy:

A. Diagnostic Radiology Core Exam Purpose:

To validate that a Diagnostic Radiology (DR) candidate has acquired knowledge, skill, and understanding of the entire field of Diagnostic Radiology, including physics.

B. Exam Timing

The Core Exam is normally taken in the 36th month of DR residency training. If a resident was provided credit for other residency training, he or she may choose not to take the Core Exam until 36 months of DR training are completed.

The Diagnostic Radiology (DR) Core Exam was developed to assess the knowledge of residents who are in or beyond their 36th month of DR training. Residents who take the exam prior to their 36th month of training are often at a disadvantage because they have not had enough exposure to all clinical rotations covered in the exam. Fail rates have been significantly higher for candidates who have taken the exam early.

The ABR will allow residents who are in or beyond their 32nd month of DR training to take the exam *if*:

1. The program director attests that the resident is believed to have sufficient knowledge and training, *and*
2. The candidate attests that he or she understands the potential consequences of taking the exam early.

This policy change will allow for up to four months leave of absence, in addition to standard vacation and meeting time, during the first three years of radiology residency. The program director must contact the ABR at information@theabr.org to request this exception. The program director then will be required to submit a form signed by both the program director and candidate (Attachment A). No exceptions will be granted for residents who are not in or beyond their 32nd month of DR training at the time of the exam – they must wait until a later exam administration.

C. Exam Structure:

1. Comprehensive image-rich exam designed to evaluate the full breadth and depth of the diagnostic radiology domain by assessing educational objectives from knowledge and

comprehension (40 percent) to application, analysis, synthesis, and evaluation (60 percent). (From *Bloom's Taxonomy of the Cognitive Domain*1).

The level of expertise expected for the exam is basic to intermediate, defined as competence with diagnostic radiology resident level (not subspecialty level) content.

2. The exam encompasses a total of 18 categories based on organ systems (10), modalities (6), and fundamentals (2). The specific organ system categories are breast, cardiac, gastrointestinal, musculoskeletal, neuroradiology, pediatric radiology, thoracic, reproductive/endocrine, urinary, and vascular. The modalities and fundamentals categories are "crossed" with the organ systems, so that each item counts toward both an organ system AND a modality or fundamental category for scoring. The modalities are computed tomography, interventional radiology, magnetic resonance, nuclear medicine, radiography/fluoroscopy, ultrasound; the fundamentals are physics and safety.
3. All candidates will receive a portion of an embedded Radioisotope Safety Exam (RISE) as a virtual exam. This will include 25 to 30 existing scorable units drawn from the nuclear medicine rows (in various organ systems), physics rows, and safety rows and counted a third time toward the RISE. It will also include 25 to 30 independent items not counted toward other categories, comprising 50 to 60 scorable units, which—combined with similar RISE questions in the Certifying Exam—will be separately passable/failable for those seeking AU eligibility.
4. Embedded throughout the exam will be items focused on oncologic imaging, clinically relevant pathophysiology, regulatory content, medical decision-making and appropriateness, emergency imaging, and imaging informatics.
5. Each category has a minimum of 60 items (scorable units) with the exception of the physics category, which has at least 90 scorable units.
6. The total number of scoreable units in the exam is determined in this manner: Total = (# organ systems) x (# scorable units within each organ system) + independent RISE items
Total = (10) x (60) = 600 + 30 = (at least) 630 total scorable units
7. The items/cases will be presented in a random order to candidates during administration.
8. The exam will take up to 12 hours, administered over 1.5 days.

D. Exam Scoring:

1. The Angoff criterion for the entire exam must be exceeded in order to pass the exam.
2. An exam condition result is defined as NOT exceeding the Angoff criterion standard in the physics Core Exam category ONLY.
3. Conditioned candidates in physics must retake the physics category only, and exceed the Angoff criterion standard.
4. An exam fail result is defined as NOT exceeding the Angoff criterion for the entire exam.
5. Failing candidates must retake all 18 categories during the next exam administration.

E. Exam Results Reporting:

1. Each candidate, whether passing or failing, will receive feedback on strong/weak aspects of his or her performance on the Core Exam.

Procedure:

The ABR will allow residents who are in or beyond their 32nd month of DR training to take the exam *if*:

1. The program director attests that the resident is believed to have sufficient knowledge and training, *and*

2. The candidate attests that they understand the potential consequences of taking the exam early.

The program director must contact the ABR at information@theabr.org to request this exception. The program director will then be required to submit a form signed by both the program director and candidate. No exceptions will be granted for residents who are not in or beyond their 32nd month of DR training at the time of the exam – they must wait until a later exam administration.

NOTE: This policy is subject to amendment. Candidates and diplomates are advised to check the ABR website periodically for the most current version

Attachment A
Request to take the Diagnostic Radiology Core Exam prior to 36th month of DR Training

Candidate Name: _____

ABR ID Number: _____

Residency Program Name: _____

Residency Program ID Number: _____

Residency Program Director Name: _____

I attest that this candidate will have completed _____ months of diagnostic radiology residency training by (enter date of next core exam) and will be adequately prepared to take the Core Exam early.

Program Director Signature

Date

I attest that I will have completed _____ months of diagnostic radiology residency training by (enter date of next core exam) and I believe that I will be adequately prepared to take the Core Exam early.

Candidate Signature

Date