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The American Board of Nuclear Medicine

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Comments/Feedback
The ABNM welcomes comments from diplomates and residents regarding issues raised in this issue or any other issues affecting the practice of nuclear medicine or certification processes.

Please email your comments to:
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In-Training Examination Week of January 9 - 14, 2017
Certification/MOC Examination Week of October 2 - 7, 2017
Application period for both Exams is April 1 - May 31, 2017

More Details

Reminder
Resident and Diplomates who took the Certification Examination and the Maintenance of Certification (MOC) examination during the week of October 3rd – 8th will be notified within two (2) months of the results of the examination (via US postal mail).

In an effort to make sure your ABNM certification examination results are received in a timely manner (and without delay) we ask that you login to your profile on the ABNM website (www.abnm.org) and make sure that we have the most current mailing address for you.

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Results of the examination are NOT given out via telephone by the ABNM.

2016 ABNM In-Training Examination (ITE)
Number of Nuclear Medicine Training Programs Participating In ITE Examination

133
115
18
10

51
43
8

FUTURE EXAMINATION DATES
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I am privileged to write this letter as the chairman of ABNM. As stated by previous chairs of ABNM I would like to begin by recounting the primary purpose of the ABNM board, which is the advancement of the health of the public through the establishment and maintenance of standards of training and education, and the qualification of physicians rendering nuclear medicine services in the United States. The board has 12 directors - 4 of whom serve in positions as chair, vice-chair, secretary-treasurer and past chair. On a yearly basis, as Board members complete terms of service, replacement members are nominated from the nuclear medicine community and are selected to ensure balanced representation of subspecialty interests and the diversity of practice in our community. Directors give their time freely for a term of up to 6 years, with the work of the Board being organized and supported by the Executive Director, Assistant Executive director (non-voting officers), the Administrator and the staff at the ABNM office. All directors are required to take the recertification examination prior to serving. Current members come from 9 states and one is from Canada. There is representation from private and academic centers, with a mix of ABNM only and dual certified directors, seven women and five men. Board members have one thing in common – we are all motivated by the desire to see nuclear medicine thrive, and our belief in high quality practice standards.

ABNM is one of the 24 specialty Member Boards of American Board of Medical Specialties (ABMS). ABMS works in collaboration the Member Boards to maintain the standards for physician certification, with the focus on improving the quality of health care to patients, families, and communities by supporting the continuous professional development of physician specialists.

Maintenance of certification (MOC), a critical element of board certification, is currently undergoing dramatic changes. ABNM is part of an American Board of Medical ABMS pilot program called CertLink, the purpose of which is to replace the every 10 year high stakes secure exam with periodic online questions (averaging about one question per week, but with ample flexibility to allow each diplomate to work within his/her schedule). Each question will include immediate feedback on the correct answer with an explanation and a reference. Topics, particularly those initially answered incorrectly, may be reassessed on future questions, thus promoting lifelong learning. Thus, the program will simultaneously fill two critical elements of MOC, learning and assessment. We are very excited about the program and hope you will find it a useful evolution in the MOC process. In the near future, we will provide additional details on CertLink and welcome your feedback as we continue on this journey by working together.

As you may be aware, on November 6, 2015, the ABNM announced that the ABNM and ABR have mutually agreed not to move forward with the proposals in the joint ABR-ABNM Task Force Statement to Stakeholders sent July 16, 2015 (for further details please refer to ABR-ABNM Task Force tab under “communications” on ABNM website, abnm.org). Following this announcement, SNMMI formed the Pathways to the Future of Nuclear Medicine Task Force to address the challenges, including decreasing number of nuclear medicine training programs, job opportunities and increasing need for dual certification in Diagnostic Radiology and Nuclear Medicine. This task force was designed as a two-phase process. In the first phase, various organizations in nuclear medicine community, including ABNM, met face-to-face and via conference calls to brainstorm and emerge with solid proposals/practical action plans. The task force recognized that the majority of the future high-quality practitioners of nuclear medicine will likely be dual certified by both the ABR and the ABNM. However, given the multidisciplinary nature of nuclear medicine strengthened through its innate diversity, there will be need...
for a small number of nonradiologists who will benefit from and contribute to the field of nuclear medicine and molecular imaging. The next phase of the task force, which will begin soon, will focus on further alignments with the radiology leadership and community. For further information please refer to the “Pathways to the Future of Nuclear Medicine Task Force: Phase 1 Report” by Dr. Jadvar in the September issue of JNM Digital Newsline.

It has been an honor and a privilege to serve as Chair of ABNM. I am very thankful to the current members of the Board as well as the members over the past 6 years for their support, for sharing their knowledge and experience as well as for their continued dedication to our specialty and our Board. We extend our heartfelt farewell to Tony Parker, the Associate Executive Director of ABNM, who will be retiring from the Board in February 2017. Tony is a tireless worker and has had major contributions and valuable input in the operational, scientific, information technology, and many other areas to the Board. We will unquestionably miss Tony’s presence on the Board. We extend our warm welcome to Leonie Gordon, incoming Associate Executive Director of ABNM. We look forward to the Board benefiting from her energy and enthusiasm. We are convinced that her knowledge and experience will be extremely valuable to the Board.

I am thankful to George Segall, Executive Director, Louise Thomson, Immediate Past-Chair, and Maria Watts, Administrator for their continued support and guidance.
Message from the Executive Director

The ABNM is pleased to announce the selection of Leonie Gordon, M.B., Ch.B., as its next Associate Executive Director, starting March 1, 2017. Dr. Gordon will succeed Tony Parker, M.D., Ph.D. who has served on the board for 12 years, the last five years as the current Associate Executive Director.

Dr. Gordon received her medical degree at the University of Cape Town, South Africa. She did a medical internship and residency in South Africa, followed by Endocrinology fellowship and Nuclear Medicine residency at the Medical University of South Carolina. She was certified by the ABNM in 1981, and recertified in 2006.

After completing her Nuclear Medicine training, Dr. Gordon joined the faculty as an Assistant Professor of Radiology at the Medical University of South Carolina, where she was promoted to the rank of Professor with Tenure in 1995. She serves in several leadership roles at the university, including Radiology Residency Program Director, since 2004, as well as Associate Dean for Graduate Education and Faculty Development, since 2013.

Dr. Gordon was an ABNM Director from 2007-2014. She has also served in leadership roles of many professional organizations, including: Board of Directors of the Society of Nuclear Medicine and Molecular Imaging from 2000-2007, and 2014-2016 when she was also Speaker of the House of Delegates; Nuclear Medicine Residency Review Committee of the ACGME from 2006-2013; Board of Directors for Nuclear/PET of the Inter-societal Commission for Accreditation of Nuclear Medicine Laboratories from 2013-2016; American College of Radiology Guidelines Committee from 2005-2012 and Task Force on Nuclear Medicine Training from 2009-2013; American Board of Medical Specialties Committee on Certification from 2011-2016.

She has been the recipient of numerous awards for professional service and education, most notably the SNMMI Lifetime Achievement Award for Education in 2015. She has an extensive record of peer reviewed and other publications, and is a highly regarded speaker.

Dr. Gordon’s primary responsibility as ABNM Associate Executive Director will be Examinations and Maintenance of Certification, although her expertise will be invaluable to the Board in all aspects of its operations. I look forward to working with her, and the Board and staff extend a warm welcome.
Message from the Associate Executive Director
Scoring the Certifying and MOC Exams

Psychometrics is the field of science that deals with evaluation of test results. The ABNM employs a psychometric firm to assist with evaluation of the certifying and maintenance of certification exams. The firm uses a mathematical method, known by its inventor’s name, Rasch. The Rasch statistical model is widely accepted meaning that the results of our exam are considered credible. Credible evaluation is one reason the ABNM certificate is accepted as an indication of professional expertise by our colleagues, our patients, the payors, and government organizations like state medical boards.

The psychometric firm supplies us with information about both candidates and the questions. Questions that almost everyone answers correctly or incorrectly provide little information about candidate ability. Mid scoring question provide the most information about candidate ability. Some questions turn out to test capabilities unrelated to clinical nuclear medicine, especially questions with a complicated format where the ability to understand the question is more important than knowing the nuclear medicine concept being tested. Questions that are not in the mid range and questions that do not correlate with ability add noise to the test result and need to be eliminated from scoring.

For large test groups like the SAT or ACT it is practical to pre-test question. A question that has not previously been tested can be pretested on subset of exam takers. Since the exam group is so large, using only a tiny fraction of the test takers allows for very accurate statistics to be developed. A large number of questions can be pretested with each test taker only having one or a few test questions on his/her exam. Using pretested questions allows exam results to be provided shortly after the test.

For a small group like the ABNM that is not possible. Therefore, new questions are mixed with questions that have been previously tested. In the first part of the process, the psychometric firm performs a tentative evaluation providing statistics for each question. The ABNM Exam Committee then reviews these results with the aid of a psychometrician. Question that are poorly correlated with ability or which are too hard or too easy are discarded. The statistics often provide a good clue how to rewrite a question so that it will have better statistics. Comments about the questions provided by diplomates also assist in this process. Generally about 10% of the questions on an ABNM exam are discarded. Using the improved exam, the psychometric firm then provides the final scores for the test candidates. Candidates often ask why it takes so long to receive their results. The answer not only relates to having to calculate the results of the test twice, but also that the Exam Committee with the psychometrician needs to review the entire test to decide which if any questions should be discarded.

The new MOC evaluation, CertLink™, is going to be much different from the existing MOC exam (see ABNM: MOC Assessment). It will be a continuous process with a diplomat dashboard showing how the diplomat is doing. The intention is that CertLink becomes mostly a leaning process, deemphasizing the testing. A challenge for the ABNM and for the other boards that plan similar MOC assessment will be to make sure that the MOC evaluation remains credible to our colleagues, our patients, the payors, and government organizations. Demonstration of credible evaluation will be a key component of the pilot period. The ABNM along with the other CertLink boards believe this challenge can be accomplished, but it is likely to require innovations in the technology for assessment while learning.
SNMMI Newsline: ABNM: MOC Assessment

J. Anthony Parker, M.D., Ph.D., Associate Executive Director, American Board of Nuclear Medicine

Reprinted with permission SNMMI Newsline J Nucl Med 2016 57:9N

The American Board of Nuclear Medicine (ABNM) will start a pilot program in 2017 testing CertLink™, a new platform under development by the American Board of Medical Specialties (ABMS). This new method for maintenance of certification (MOC) assessment has been made possible by a number of factors that have come together fortuitously. We are all aware of the discontent of physicians with the bureaucracy of the MOC process and particularly with the high-stakes MOC exam. Continuing medical education has broad support, but many participants dislike requirements that are perceived as impeding continuing medical education.

A second factor has been increased interest in testing for learning in the field of cognitive psychology. Testing has been shown to be a much better mnemonic enhancer than rereading or restudy. Rereading and restudy increase short-term familiarity with concepts but not long-term consolidation of memory. The term used for this short-term familiarity is “fluency.” Cramming for an exam tends to improve the results on the exam, providing a perceived sense of learning, but longterm retention is usually poor. By comparison, testing for learning during a longitudinal study program has been shown to be considerably more effective. Testing can also be used for “calibration,” identification of gaps in knowledge and areas for study. After short-term fluency has faded, periodic reinforcement of knowledge has been shown to be another strong method for memory consolidation.

A third factor is the considerable recent development in online education, such as massive open online courses, Kahn Academy, Magoosh, etc. Medical school platforms, such as Osmosis, are now available to aid in learning. These developments have spurred interest in new methods of evaluation while learning.

A fourth factor that has come together at a particularly good time is the development by the American Board of Anesthesiology (ABA) of the MOCA Minute™. The MOCA Minute, piloted in 2015 and implemented at the start of 2016, assesses ABA diplomates during a longitudinal question-based learning experience. It serves as the model for other ABMS boards, several of which are developing similar initiatives.

The ABNM, along with the American Boards of Colon and Rectal Surgery, Dermatology, Medical Genetics and Genomics, Ophthalmology, Otolaryngology, Pathology, and Physical Medicine and Rehabilitation are collaborating with the ABMS on testing the new CertLink platform. Diplomates will receive an e-mail informing them that a question is available. They can click then or later on a link that will take them to a multiple-choice question on the CertLink site, with a limited amount of time to select an answer. After submitting an answer, they will receive immediate feedback, with explanations about which answer was best and why alternatives were not as good. Key points about each question will be provided, along with a brief explanation and an open-source reference or references.

The goal of this project is to provide testing for learning and to identify gaps in knowledge while at the same time allowing MOC assessment. Each question will provide or help solidify knowledge. Incorrect answers will identify gaps in knowledge, and the explanation will help fill those gaps. If more information is needed, reference(s) will provide a source for further study. After an interval to allow fluency to fade, similar questions (or “clones”) will be interspersed with new questions. A diplomate’s score will depend on the percentage of correctly answered initial questions and clones. A diplomate dashboard will illustrate performance. The Board has been pleased with the performance of the ABNM diplomates on the MOC exam, and we expect that most diplomates will be able to maintain good or excellent scores. For those diplomates, answering an individual question will be low-risk. CertLink will be largely testing for learning, keeping the testing while learning as a concern only for the very few poorly performing diplomates.
Learning styles differ, and CertLink may not be preferred by all diplomates. When we surveyed diplomates in the spring about preferences, no clear preference for random questions or article-based questions was identified. For the pilot, it was not possible to provide an array of options. We have chosen the question with explanation and reference(s) format because it includes testing for identification of knowledge gaps. Rather than have diplomates reread a topic on which they are well versed, testing to identify knowledge gaps allows more efficient study. Although a more continuous process has cognitive advantages, a few diplomates preferred taking the MOC exam each 10 years. That will remain an option.

A 5-year CertLink pilot is planned. During that period adjustments to the program will be made using feedback from diplomates. A key part of MOC is providing credible assessment of diplomat knowledge—credible to the public and to organizations that contend they represent the public. One of the key efforts of the ABMS during the pilot will be developing data that show that this method of testing while learning is credible and that the method of assessment is similar to traditional high-stakes exams. The ABNM strongly believes that online, low-risk, longitudinal assessment while learning has many advantages and that ABNM certification using CertLink will provide a credible indicator of specialty expertise.
ABNM Partners With ACNM For Development Of New Format of The MOC Examination

ACNM Education Committee ABNM MOC Sub-Chair: Tracy L Yarbrough, M.D., Ph.D.
ACNM Education Committee Chair: Twyla B Bartel, DO, MBA, FACNM

The ABNM will be launching a pilot program in 2017 called Certlink™ to replace the current maintenance of certification (MOC) examination, which required each diplomate to schedule their exam at a specified examination center and time, and to pass every ten years for recertification. Plans are to phase out this prior exam format from 2017 to 2020.

CertLink is a new, web-based assessment platform with which the American Board of Specialties (ABMS) has recently partnered. It will allow member boards (such as the ABNM) the opportunity to pilot new methods for assessment of diplomate knowledge in a technically user-friendly and easily accessible format, including a mobile feature.

In order to accomplish this goal, the ABNM is collaborating with the American College of Nuclear Medicine (ACNM) for development of a bank of questions. The ACNM is very excited about this partnership opportunity with the ABNM in developing these questions. ACNM members will author an initial 250 to 300 questions under the guidance of the ACNM Education Committee and the ABNM. The questions will cover the following nine categories and will be assessed via the CertLink program: basic science, cardiovascular, oncology, pulmonary, gastrointestinal, genitourinary, musculoskeletal, endocrine and neurology.

The questions will be delivered to ABNM diplomates on a regular basis in a multiple-choice format. Immediate feedback and references will be given on the answer choices selected, thus enhancing and providing a continual learning process for each diplomate.

Exact parameters for this CertLink program are yet to be finalized. However, the program will allow diplomates to receive regularly scheduled CertLink questions, with follow-up to these questions based upon the diplomate performance. The ultimate goal of this new format is to provide more active participation and learning, immediate feedback, and make the process of assessment easier and more relevant for each diplomate.
SNMMI Newsline: ABNM: Forging a New Relationship with ABNM Diplomates

George M. Segall, M.D., Executive Director, American Board of Nuclear Medicine
Reprinted with permission SNMMI Newsline J Nucl Med 2016 57:10N

The mission of the American Board of Nuclear Medicine (ABNM) is to assure the public of high-quality patient care by establishing standards for training, initial certification, and continuing competence of physicians providing nuclear medicine diagnostic and therapeutic services. Under the existing system, the first contact physicians have with the ABNM is the certification exam. Graduates of training programs must demonstrate that they have acquired extensive knowledge of nuclear medicine by passing a comprehensive secure examination. Eighty-six percent of physicians who took the 2015 examination for the first time passed and were certified by the ABNM. Until 1991, the certification exam was the only contact most diplomates had with the board. Once they passed the certification examination they had a lifetime certificate, which most physicians regarded as a diploma that required no further effort to keep. The only way to lose the certificate was to be guilty of egregious professional misconduct. In 1992, the ABNM began issuing time-limited certificates that required diplomates to pass an examination every 10 years to retain certification. The recertification exam assures the public that physicians are keeping up with rapid advances in medicine and that their knowledge is current. Ninety-eight percent of physicians who took the recertification exam in 2015 passed and were given a new certificate. The pass rate for the recertification exam is high because most physicians are conscientious about continuing medical education. The small number of physicians who are concerned about passing the exam may take the exam up to 2 years before it is required without affecting the next date by which the exam must be taken.

In 2006, the ABNM began a Maintenance of Certification (MOC) program developed by the American Board of Medical Specialists (ABMS), which includes 24 member boards. For the first time since the first ABNM certificates were issued in 1972, diplomates were expected to participate and document continuing medical education, life-long learning and self-assessment, and improvement in medical practice. Passing a secure examination alone no longer provided the necessary level of public assurance of professional competency. The MOC program, however, was difficult for diplomates to understand, required physicians to spend time documenting continuing medical education they documented elsewhere, imposed new educational requirements (self-assessment modules or SAMs) of unproven value, and required quality improvement activities in addition to the activities that physicians already performed as part of their practice.

The ABNM is working hard to improve the MOC program to fulfill its mission to maintain public trust, as well as support busy diplomates by helping them keep their knowledge and skills up to date in a way that is easy and convenient. Therefore, the ABNM is embarking on an ambitious plan to completely redesign Part 3—Assessment of Knowledge, Judgment, and Skills (more commonly known as the recertification or MOC exam) and Part 4—Improvement in Medical Practice and to forge a new relationship with its diplomates that is more formative (supporting professional development) rather than simply summative (deciding who is certified).

The ABNM on April 28 sent diplomates an announcement of a pilot program called CertLink™, developed by the ABMS and several member boards, which could replace the MOC examination with a longitudinal process of learning and self-assessment. The details of the pilot program have not been determined, but the basic feature is the delivery of multiple-choice questions to diplomates on a regular basis, with immediate feedback on answers. The process will have the flexibility to accommodate diplomates’ preferences and practice needs. Participation and learning will be the goals, rather than a passing score. It is hoped that the pilot program can be launched in January 2017. Diplomates who are eligible to participate in the pilot will not have to take the MOC examination. More details will be available later this year, and the ABNM will ask for diplomate feedback in developing the pilot program to ensure that it meets their needs. If the pilot program is successful, CertLink could eventually replace the MOC exam for all diplomates. It is hoped that all diplomates, including diplomates with lifetime certificates, will be eager to participate in CertLink, because they find it an easy and convenient way to improve their knowledge of nuclear medicine.
The ABNM is also making significant changes in MOC Part 4. Instead of requiring diplomates to participate in specially designed practice improvement activities, the ABNM has expanded the list of qualifying activities to include activities that most physicians already do as part of their practice. Instead of the heavy burden of documentation that was previously required, the ABNM will allow self-attestation, which physicians can easily do online once each year. The ABNM will also give physicians a new option of a brief practice guideline–based survey that can be completed by individuals or groups of physicians, with the help of nuclear medicine technologists and administrative personnel. The survey results will be aggregated to produce a national practice profile, which will be sent to each participating physician to enable comparison of local practice with national data. The survey will be brief, easy to complete, and valuable.

The ABNM is also considering giving diplomates SAM credit for participation in CertLink or completion of a Part 4 practice survey. The earned credit could potentially satisfy the annual requirement of 8 hours of SAM credit, making it even easier for diplomates to participate in MOC.

The ABNM welcomes feedback on these changes. Please send your comments and suggestions to abnm@abnm.org