



American Board
of Internal Medicine®

Liaison Committee on Certification and Recertification (LCCR)

November 5, 2018



American Board
of Internal Medicine®

Welcome

Dr. Bruce Leff

Chair, ABIM Geriatric Medicine Specialty Board
Chair-Elect, ABIM Council

Today's Agenda

- **8:00 am** **Light Breakfast**
- **8:30 am** **Welcome and Introductions**
- **8:40 am** **Update from the President**
- **9:20 am** **Maintenance of Certification (MOC) Update**
- **10:00 am** **Break**
- **10:15 am** **Innovations in Continuing Medical Education**
- **12:00 pm** **Lunch**
- **12:45 pm** **Society Partnership Opportunities – Range of Co-Creation**

- **2:00 pm** **Break**
- **2:15 pm** **Communications Update: Working Together to Deliver a Unified Message**
- **3:00 pm** **Open Discussion/Town Hall with Members of the ABIM Council**

Program Planning Committee

Thanks to a great team for planning and participating on this important committee!

Ed Dellert, American Society of Gastrointestinal Endoscopy

Dolores Jones, American Association of Clinical Endocrinologists

Nancy Lundebjerg, American Geriatrics Society

Margaret Wells, American College of Physicians



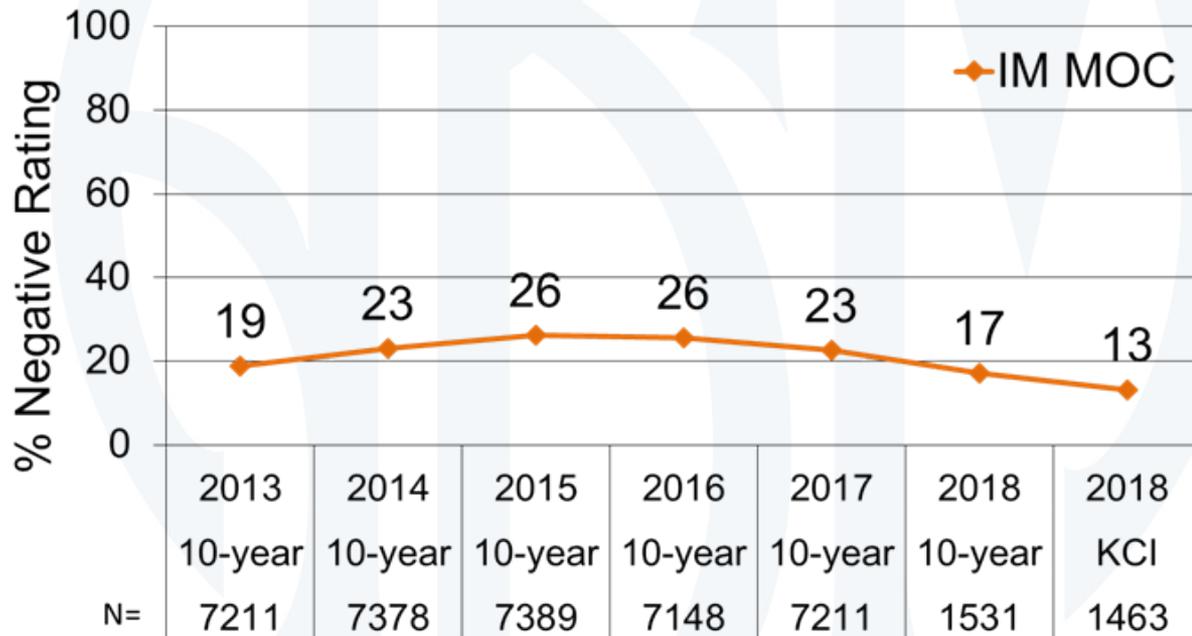
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Update from the President

Dr. Richard J. Baron
ABIM President and CEO

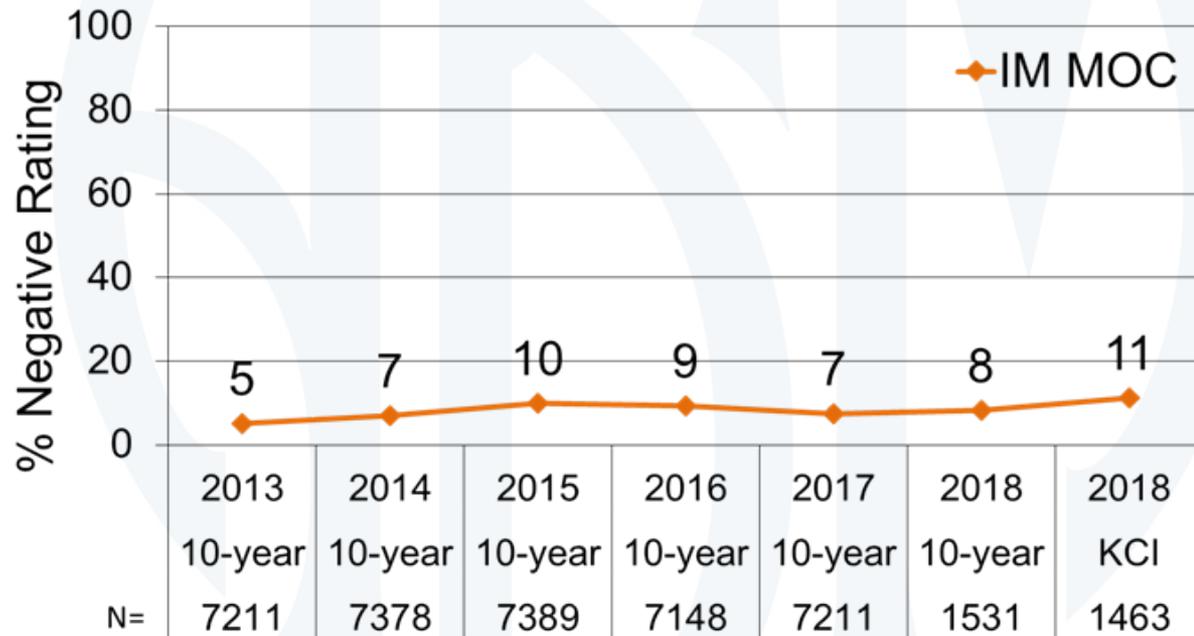
IM KCI – Examinee Feedback (June + September 2018)

The examination was a fair assessment of clinical knowledge in this discipline



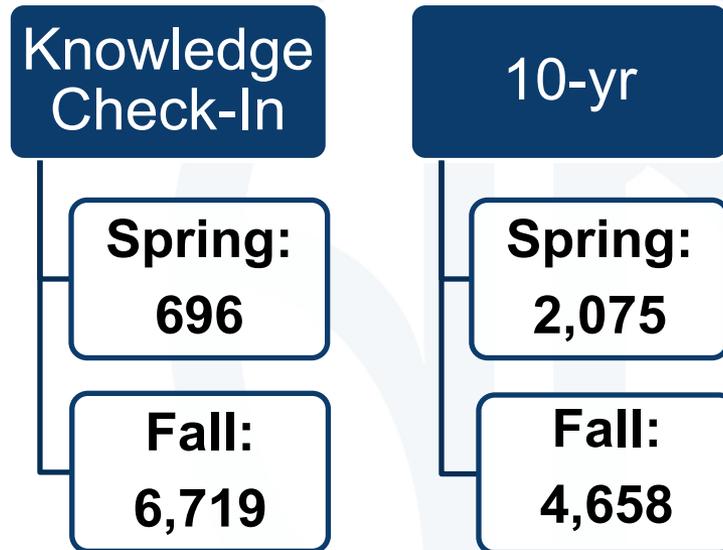
IM KCI – Examinee Feedback (June + September 2018)

Overall, I was satisfied with my testing experience

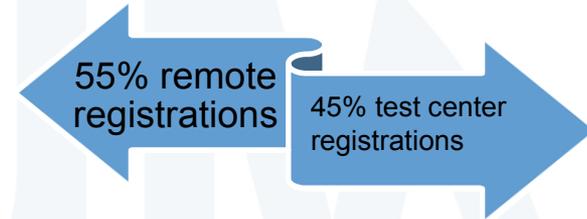


KCI Metrics

2018 Knowledge Check-In and 10-yr registrations:



2018 Knowledge Check-In Remote and Test Center registrations:



Breakdown of diplomates registered for 2018 Knowledge Check-In:

- 58% due in 2018
- 31% due in 2019
- 7% due in 2020
- 3% due in 2021 - 2027
- <1% Grandfather



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MOC PROGRAM UPDATES

ABIM



MOC PROGRAM UPDATES

New Certification Re-entry Pathway Coming in 2019

Physicians that have had any certificate lapse will be able to meet their assessment requirement by passing two consecutive KCIs.

This new pathway was communicated to diplomates in October 2018.

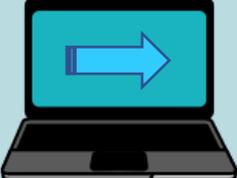
Ways to Reinstate a Lapsed Certificate

| PHYSICIANS | 2019 | | 2021 | | NEXT STEP |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A  |  PASS TRADITIONAL MOC EXAM | |  No Assessment Required | |  Certified , Assessment Due in 10 Years |
| B  | SPRING  PASS KCI | FALL  PASS KCI |  PASS or FAIL Knowledge Check-In | |  Certified , Assessment Due in 2 Years |
| C  |  PASS Knowledge Check-In | |  PASS Knowledge Check-In | |  Certified , Assessment Due in 2 Years |
| D  |  PASS Knowledge Check-In | |  FAIL Knowledge Check-In | |  Not Certified , must pass TWO CONSECUTIVE KCIs to become certified again |
| E  | SPRING  PASS KCI | FALL  FAIL KCI | SPRING  PASS KCI | FALL  PASS KCI |  Certified , Assessment Due in 2 Years |

Changes Going into Effect in 2018

- Diplomates will be able to take the **KCI and the 10-year MOC assessment** and/or **multiple KCIs in the same year.**
- Diplomates will be able to be **unsuccessful on multiple KCIs** without being forced to the 10-year MOC assessment, as long as it has been **less than 10 years since they last passed an assessment.**
- Diplomates will be able to **switch from the KCI** back to the 10-year pathway **without loss of their original assessment due date** as long as it has been < 10 years since they last passed an assessment.
- Diplomates will be able to meet their 100 MOC point requirement using **any combination of Medical Knowledge and Practice Assessment points.**

Diplomates will be able to take the KCI and the 10-year MOC assessment and/or multiple KCIs in the same year

| 2010 | 2020 | | NEXT STEP |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Earned Initial IM <i>Due 2020</i></p>  | <p>FAILED Spring KCI</p>  | <p>PASSED Fall KCI</p>  | <p>Certified, <i>Assessment Due in 2 Years</i></p>  |
| <p>Earned Initial IM <i>Due 2020</i></p>  | <p>FAILED Spring KCI</p>  | <p>PASSED Fall MOC exam</p>  | <p>Certified, <i>Assessment Due in 10 Years</i></p>  |



Fail multiple KCIs Before Due Year, No 10-year

| 2014 | 2020 | 2022 | 2024 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Earned Initial IM <i>Due 2024</i>  | FAILED Fall KCI  | FAILED Fall KCI  | PASSED Spring KCI  Certified , <i>Assessment Due in 2 Years</i> |

Switch Back to 10-year Without Losing Time

| 2013 | 2020 | 2022 | 2023 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Earned Initial IM <i>Due 2023</i> | PASSED Fall KCI | | PASSED Fall MOC exam |
|  |  |  |  |
| | <i>Assessment Due in 2 Years</i> | <i>With switch, assessment Due in 2023</i> | Certified , <i>Assessment Due in 10 Years</i> |

Innovations in Continuing Medical Education



**Liaison Committee of Certification and
Recertification**

November 5, 2018





My outline...

1. Setting the stage

- A bit about Royal College and me
- Purpose or anticipated goals for this session

2. Setting the context

- Challenges to the current CPD system

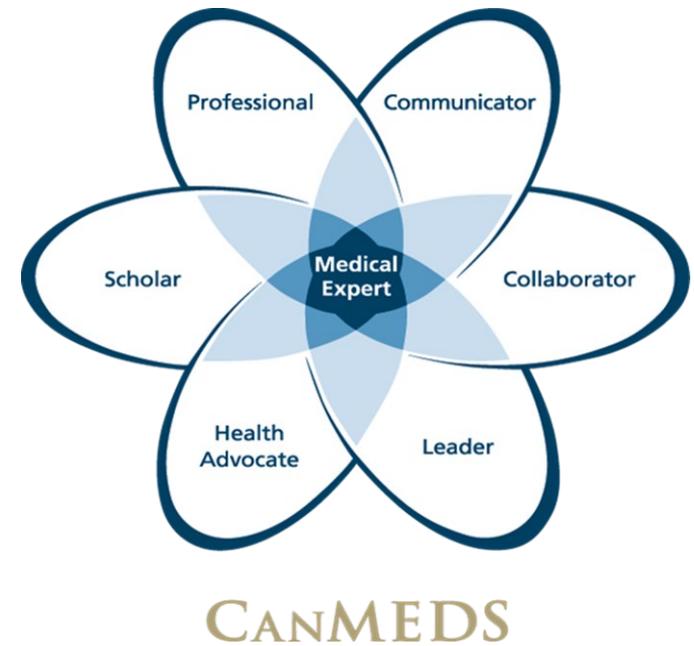
3. Describe 3 educational practices to help physicians identify and address their individual practice needs

- Scope of practice
- Simulation
- Question asking / goal setting





Setting the stage





My Conflict of Interest

1. I am a full time employee of the Royal College of Physicians and Surgeons of Canada
2. I practice ambulatory general internal medicine at the Ottawa Hospital
3. I have no affiliations or financial relationships with any industry partners
4. I do not hold any grants funded by industry
5. **I have numerous biases about Continuing Professional Development**





The purpose or goals for this morning

Build upon the April 2018 session provided by Drs. McMahan and Dunning to:

1. Share three (practical) educational strategies designed to support physicians to identify and address their individual practice needs
2. Provide an opportunity for you to consider these strategies in your
 - personal practice or role and
 - Specialty society's educational programs



When you think about your continuing professional development what is the first image that comes immediately to mind?



How many of you thought of this?

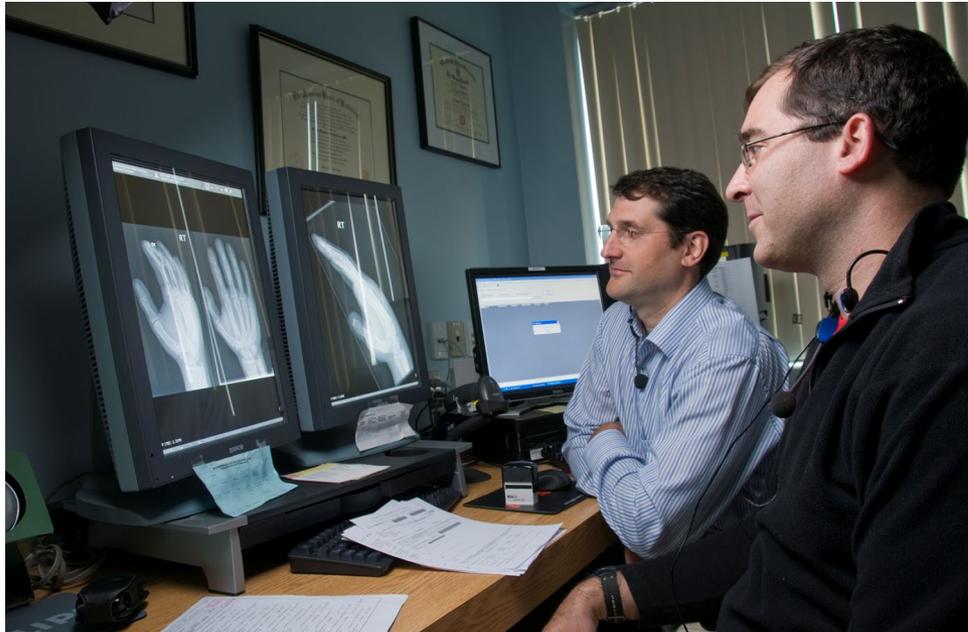


Or did you think about learning with and from patients?





Or engaging in teaching or collegial conversations?



Traditional Model of CME

Based on an intensive short course model – which is getting shorter!!

Focus: Information (knowledge) dissemination

Given by experts to largely passive participants (limited interaction)

Clinical domain / medical expert



From this picture - what challenges can you see to measuring the impact of formal CME?





Impact of Formal Continuing Medical Education

Do Conferences, Workshops, Rounds, and Other Traditional Continuing Education Activities Change Physician Behavior or Health Care Outcomes?

Dave Davis, MD

Mary Ann Thomson O'Brien, MSc

Nick Freemantle, PhD

Fredric M. Wolf, PhD

Paul Mazmanian, PhD

Anne Taylor-Vaisey, MLS

Context Although physicians report spending a considerable amount of time in continuing medical education (CME) activities, studies have shown a sizable difference between real and ideal performance, suggesting a lack of effect of formal CME.

Objective To review, collate, and interpret the effect of formal CME interventions on physician performance and health care outcomes.

Data Sources Sources included searches of the complete Research and Development Resource Base in Continuing Medical Education and the Specialised Register of the Cochrane Effective Practice and Organisation of Care Group, supplemented by

Our data show some evidence that interactive CME sessions that enhance participant activity and provide the opportunity to practice skills can effect change in professional practice and, on occasion, health care outcomes. Based on a small number of well-conducted trials, didactic sessions do not appear to be effective in changing physician performance.

Davis D, JAMA 1999





Impact of Formal Continuing Medical Education

Forsetlund L, Bjorndal A, Rashidian A

Continuing education meetings and workshops: effects on professional practice and health care outcomes.

Cochrane Systematic Review

First published 2001 32 trials

Update 2009 81 trials

More than **11,000 health professionals**





Any intervention including educational meetings compared to no intervention

Median Adjusted RD: **6%**

(IQR 1.8 to 15.9%)

Median Adjusted % change: **10%**

(IQR 8-32%)

| | |
|------------------------|---------|
| Interactive + Didactic | RD 13.5 |
| Complex Behaviors | RD -0.3 |
| Serious Outcomes | RD 2.5 |



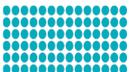


The contemporary challenges to traditional CME

- Impact on physician performance or patient outcomes is small
- Outcome measures focus more on participation in CPD activities and self-reports of learning or change.
- Limited focus on inter-professional or team-based practice
- Persisting gaps in quality of health care / patient safety

among others...

Graham's point – need a CPD system that supports and nurtures us....





Enhancing Physician Learning to Improve Practice

How do we make
a bigger impact?





What defines the concept of curriculum in CPD?

Practice needs of each specialist's (scope of) practice:

Learning and improvement need to be

1. Responsive to patient, population health needs; personal interests and career development plans;
2. Reflective of the competencies required to deliver high quality, safe care.

All practice is contextual. Each practice has unique elements.





Definition of Scope of Practice

A term used to describe:

“the clinical and non-clinical professional roles, responsibilities, activities, abilities, interests, and demonstrated competencies of a health care practitioner”

Royal College working group

2017





Scope of Practice

Includes 4 dimensions:

1. Clinical practice
2. Educational practice
3. Research practice
4. Administrative practice

Over time

- Tends to narrow
- Influenced by changes in
 - Practice context
 - Health system change
 - Population health needs
 - Scientific evidence
 - Professional interest
 - Age / health status of physicians



Scope of Practice

Some potential practical advantages

Guides reflection on what CPD is required to respond to the needs of practice

Anchors learning and improvement in a workplace





Scope of Practice: Some potential concerns

Could a focus on ‘scope of practice’:

1. Undermine sustaining foundational skills or competences expected of all physicians in a specific discipline .
2. Result in an excessively individualistic approach to practice - leading to further ‘sub-specialization silos’
3. Fail to address the ‘needs’ of patients or populations

Graham’s message on defining core knowledge or skills





One View of 'Curriculum'



Competences
specific to
evolving
nature of
practice

Competences
independent
of scope
of practice





Some potential implications or applications

Scope of Practice: A foundation for developing practice improvement plans

- Description of our scope of practice may help us to
 1. Reflect on practice needs
 2. Define goals for improvement
 3. Select learning activities to achieve the goal

Focuses CPD on the what physicians are
already intending to improve





Practice improvement plans

Responsive to multiple sources of needs (not just interests or wants)

1. Practice context needs

- Needs defined by patient, population health, institutional requirements

2. Specialty defined needs

- Competencies relevant to all specialists in a discipline; defined by the discipline
- Integrating new evidence; learning new things

3. Personally defined needs

- Interests, curiosity, aspirations, career goals





Translating practice needs into goals for improvement – a new challenge

Royal College - Practice Improvement Goal tool

- What aspect of practice is identified for improvement
- The competencies that will be addressed by pursuing this goal
- The plan to improve (includes the selection of CPD activities)
- The anticipated barriers and measures of success
- A timeline for completion

THEN – reassess to determine the degree of improvement





Re-defining Revalidation (2016)

FMRAC's Physician Practice Improvement Cycle



http://fmrac.ca/wp-content/uploads/2016/04/PPI-System_ENG.pdf





Scope of Practice: some practical implications for CPD

- Create tools to support descriptions of scope of practice
 - Create sessions designed to respond to physician identified goals for improvement
- Refine our approach to needs assessment:
 - Sample across each sub-domains of a specialty
 - Curriculum map based on the specialty's sub-scopes of practice
- Refine our educational development strategies
 - Curriculum map based on the specialty's sub-scopes of practice







Deliberate practice

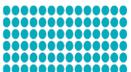
“Excellence demands effort and planned, deliberate practice of increasing difficulty.”

K. Anders Ericsson

How physician's learn new skills, abilities
and competencies in practice



When you hear the word “simulation’
what immediately comes to mind?



What is simulation?

- “Something that is made to look, feel, or behave like something else especially so that it can be studied or used to train people”

www.merriam-webster.com



What is simulation-based education?

- Simulation-based education is the use of a number of modalities to re-create some component of the clinical encounter for the purposes of training or assessment.



LeBlanc VR (2012) Review article: simulation in anesthesia: state of the science and looking forward. *Canadian journal of anaesthesia* 59(2): 193-202.



Feedback and Coaching

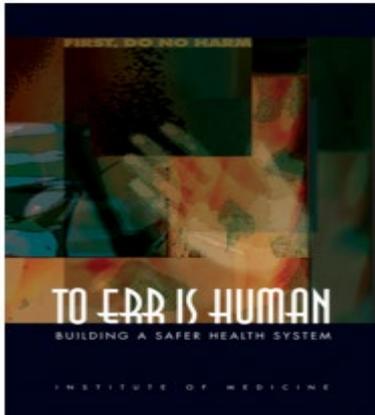


- “They observe, they judge, and they guide”
- “That one twenty-minute discussion gave me more to consider and work on than I’d had in the past five years”
- “Medical practice is largely unseen by anyone who might raise one’s sights. I’d had no outside ears and eyes.”

Atul Gawande, New Yorker 10/3/2011



Why Simulation: Drivers



Quality health care and Patient Safety



Competency based medical education



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

MOC PROGRAM
LE PROGRAMME DE MDC

Lifelong learning

Increasing focus on assessment of competence





The social aspect of learning

- Simulation as social practice



Dieckmann, Gaba & Rall (2007). Deepening the Theoretical Foundations of Patient Simulation as Social Practice, *Simulation in Healthcare*, 2: 183-193.





The applications for simulation training

- Procedural skill development
- Critical Incident analysis
- Leadership skills
- Communication Skills
- Decision Analysis / clinical judgment
- Team-based care
- The patient's journey

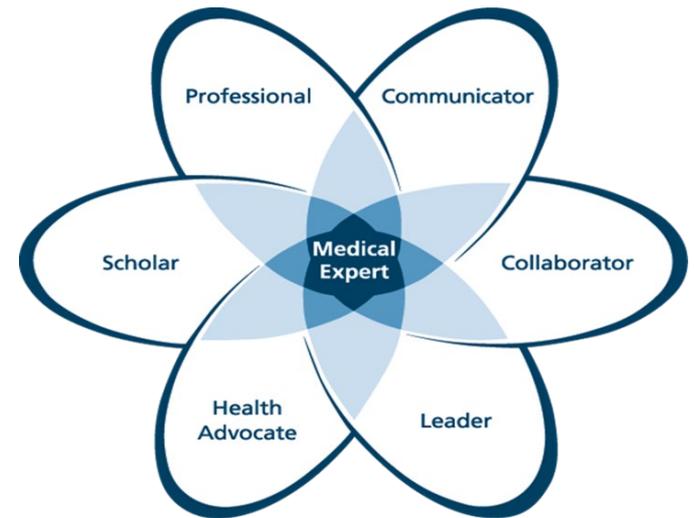
Frequently includes direct observation with debriefing (feedback)





Simulation and Competency-based Continuing Professional Development

Component of a 'program assessment' model that aligns multiple data sources with specific CanMEDS competencies

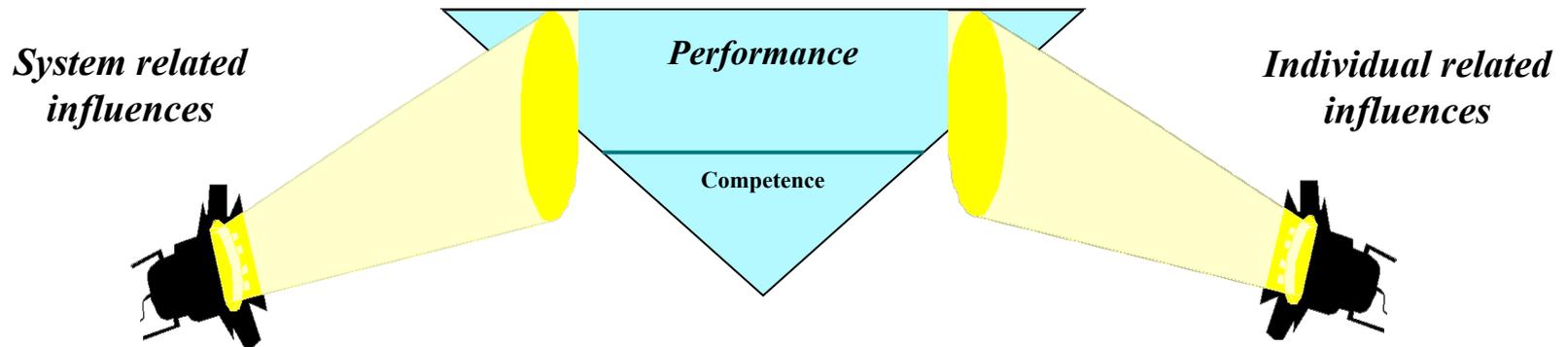


CANMEDS

Role for simulation will vary across specialties



Cambridge Model: “Righting” the Pyramid



***Work-based assessment has to be a larger part of
our future if we are to make meaningful gains
in quality and safety***

Rethans, Norcini, et al, 2002





Work-based Assessment 'for Learning'...

- Practice audits
 - Patient Registries
 - Prescription Monitoring Programs
- Multi-source feedback
- Simulation- based education
- Direct Observation – including videotaping
- Patient experience surveys
- Patient-reported outcome measures
 - Functional status





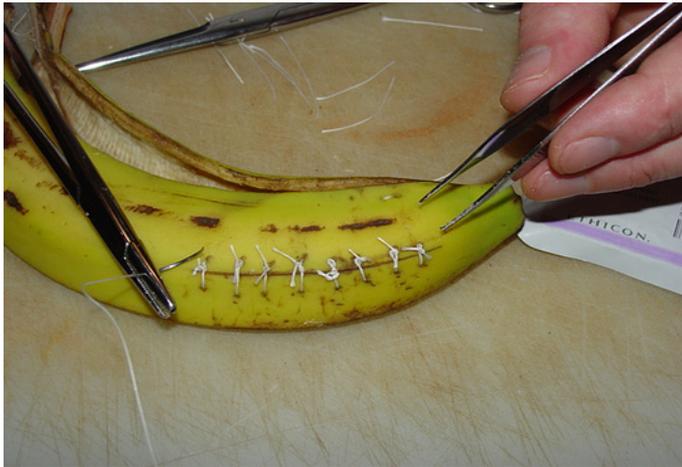
Simulation – is not just one thing

- Standardized patients
- Virtual reality task trainers
- Task trainers
- Screen-based simulations / virtual patients
- Theatre based
- Hybrid simulation

Variety in the complexity of the technology used



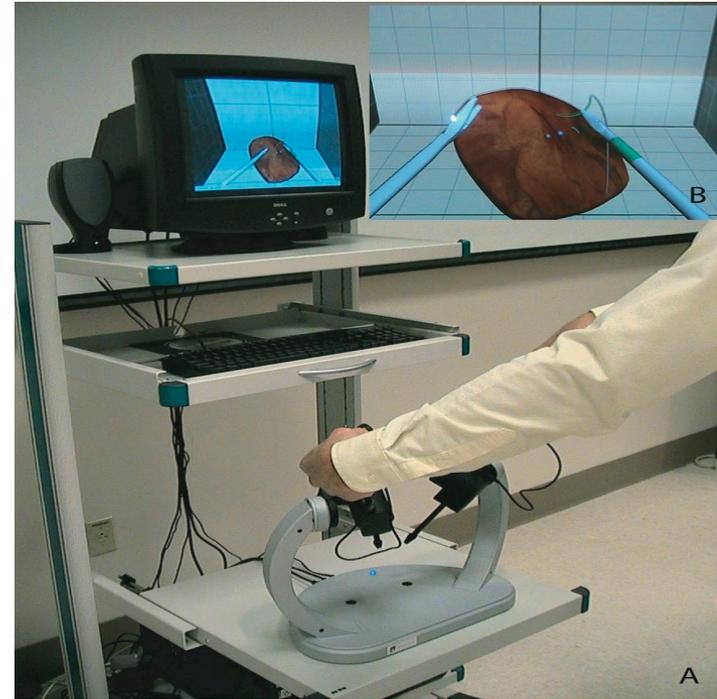
The many modalities of simulations



Variety in the complexity of the technique and technology used



Task Trainers





Standardized Patients

- Trained lay people
- Well established for training and assessment



Hybrid – Be creative



Team training





Virtual patients

Presentation



00:04 / 00:45

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Available Information

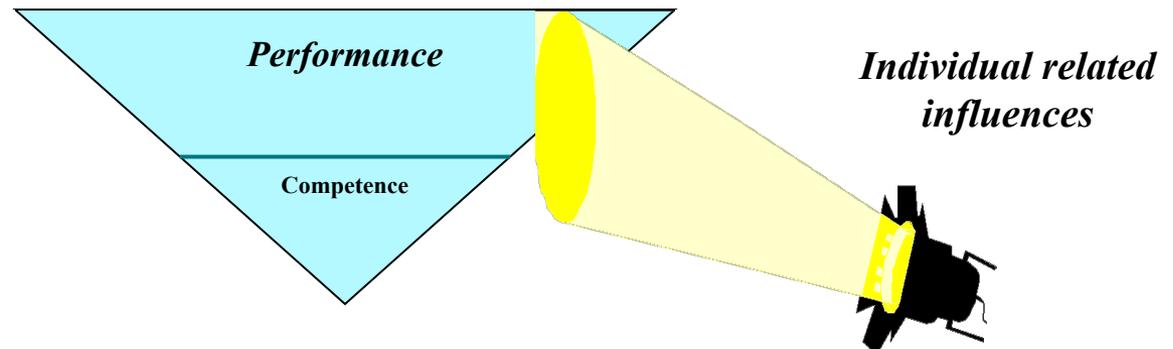
- Monitor / Equipment
- Past Medical History
- Habits and Allergies
- Medications
- Physical Exam
- Laboratory Results
- Imaging
- Consultations

Continue

http://www.royalcollege.ca/portal/page/portal/rc/resources/ebola/e-learning_modules



Cambridge Model: “Righting” the Pyramid



Virtual Patients; Standardized Patients; Games, Case-based CPD

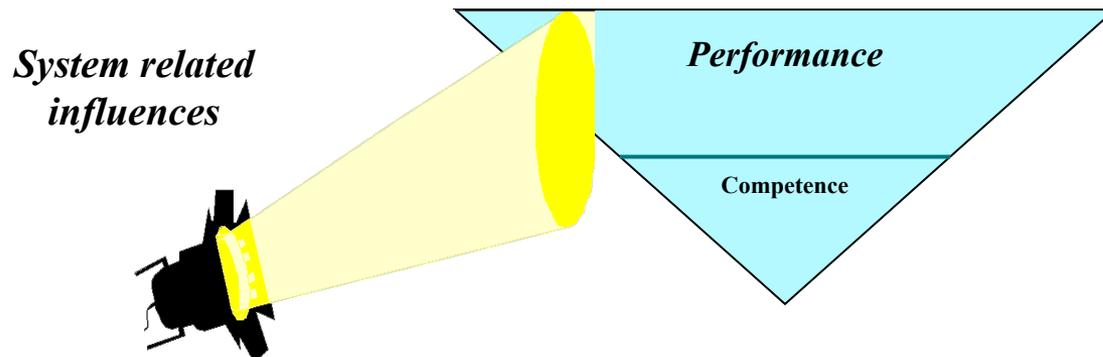
A strategy for physicians to reduce diagnostic error

Assess the application of best evidence

How we can best explain the evidence to patients / families



Cambridge Model: “Righting” the Pyramid



In situ simulation; high fidelity simulation

Assess the efficiency of health care delivery processes;

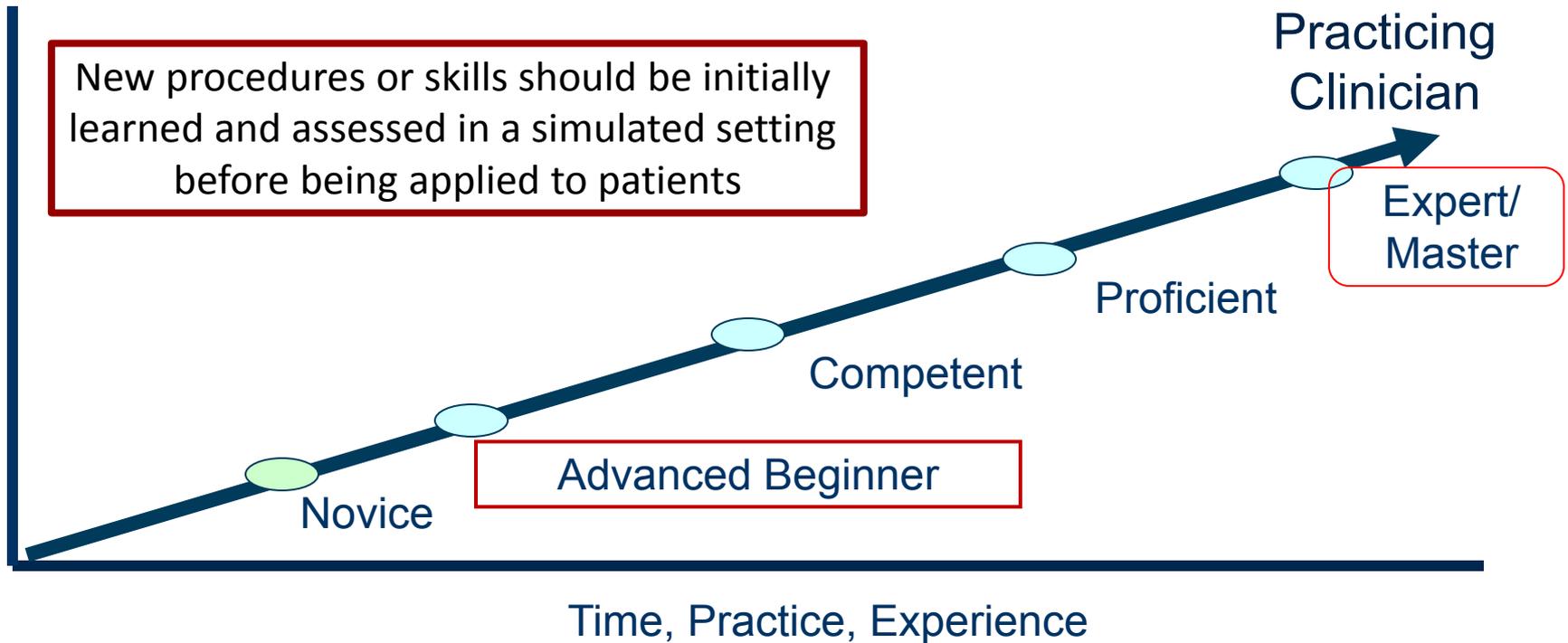
Facilitate the consistent application of patient safety measures

Promote team-based communication and care delivery





Simulation – A Critical Role when learning new things!



Dreyfus SE and Dreyfus HL. A 1980
Carraccio CL et al. Acad Med 2008;83:761-7





Rationale for simulation / work-based assessments in CPD

To enable us individually and collectively to pursue important outcomes

Donald Moore's Framework

| CME Framework | | Description |
|------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participation | LEVEL 1 | The number of healthcare professionals who participated in the CME activity or program. |
| Satisfaction | LEVEL 2 | The degree to which the expectations of the participants about the setting and delivery of the CE activity or program were met. |
| Learning | LEVEL 3a Learning: Declarative Knowledge | The degree to which participants could demonstrate that they know what that the CE activity or program intended them to know. |
| | LEVEL 3b Learning: Procedural Knowledge | The degree to which participants could demonstrate that they know how to do what the CE activity or program intended them to know how to do. |
| Competence | LEVEL 4 | The degree to which participants could show in an educational setting how to do what the CE activity or program intended them to be able to do. |
| Performance | LEVEL 5 | The degree to which participants could do what the CE activity or program intended them to be able to do in their practices. |
| Patient health | LEVEL 6 | The degree to which the health status of patients improves due to changes in the practice behavior of participants. |
| Community health | LEVEL 7 | The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants. |

(Moore et al., 2009)





Some potential practical implications

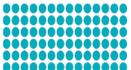
Embed simulation within group learning – practice the skills / competencies in the educational setting

- Task Trainers
- Standardized patients / role play
- High fidelity – where applicable....

Use virtual platforms – to assess application of evidence / skills learned in CPD

- Virtual cases – responsive to your decisions or actions







Self-Assessment in CPD

Self-assessment is conceptually viewed as an entry step into a learning cycle...

To identify an area of professional weakness

To guide selection of CPD activities

To enable address practice gaps

Self-assessment is used to describe an **ability** to reflect on and make overall judgments on performance or ability

Eva K. JCEHP 28 (1) 2008

Think of the research provided by Dr. Dunning!





Davis et al JAMA 2006

Accuracy of Physician Self-assessment Compared With Observed Measures of Competence A Systematic Review

David A. Davis, MD

Paul E. Mazmanian, PhD

Michael Fordis, MD

R. Van Harrison, PhD

Kevin E. Thorpe, MMath

Laure Perrier, MEd, MLIS

Context Core physician activities of lifelong learning, continuing medical education credit, relicensure, specialty recertification, and clinical competence are linked to the abilities of physicians to assess their own learning needs and choose educational activities that meet these needs.

Objective To determine how accurately physicians self-assess compared with external observations of their competence.

Data Sources The electronic databases MEDLINE (1966-July 2006), EMBASE (1980-July 2006), CINAHL (1983-July 2006), PsycINFO (1967-July 2006), the Research and De-

- While suboptimal in quality, the preponderance of evidence suggests that physicians have a limited ability to accurately self-assess.
- The processes currently used to undertake professional development and evaluate competence may need to focus more on external assessment.





Self-Assessment in Practice

How accurate are decisions to pause and learn before acting?

“Knowing when to look it up: a new conception of self-assessment ability.”

Eva, Regehr, Academic Medicine 2007

Focus on:

- Situational awareness when at the limits of knowledge, ability, experience OR
- When confidence in ability is lacking.





Definition of Self-Monitoring in Practice

“the moment-by-moment awareness of the likelihood that one has the requisite knowledge / skills to act in a particular situation.”

Conclusion:

Greater accuracy in self-monitoring than any global aggregation of performance.

Eva and Regehr

Adv Health Sci Educ Theory Pract. 2011



So what do physicians frequently do when they come off auto-pilot?





They frequently ask themselves a question!
or
Frame the issue or concern as a problem statement

In the past week – can you identify a question
you have raised but not yet answered?





Questions: A strategy to translate reflection into action

Why questions?

- A common practice among physicians
- An expression of one's identified need
- Help us to resolve 'uncertainty'

Fundamental skill of effective lifelong learners





The Importance of Questions

- Although estimates are variable, physicians ask an average of 15 questions/25 patients seen.
- Approximately 2/3 of questions generated at point-of-care go unanswered
- Barriers include a lack of appropriate resources, time, and an inability to formulate answerable questions

Key Authors: Ebell, Covey





Learning from questions: requires multiple competencies

1. Recognise a potential gap in knowledge or skill
2. Formulate an answerable question(s)
3. Search for and track down relevant information / best evidence
4. Critically appraise the evidence
5. Formulate an answer to the question
6. Apply what was learned.





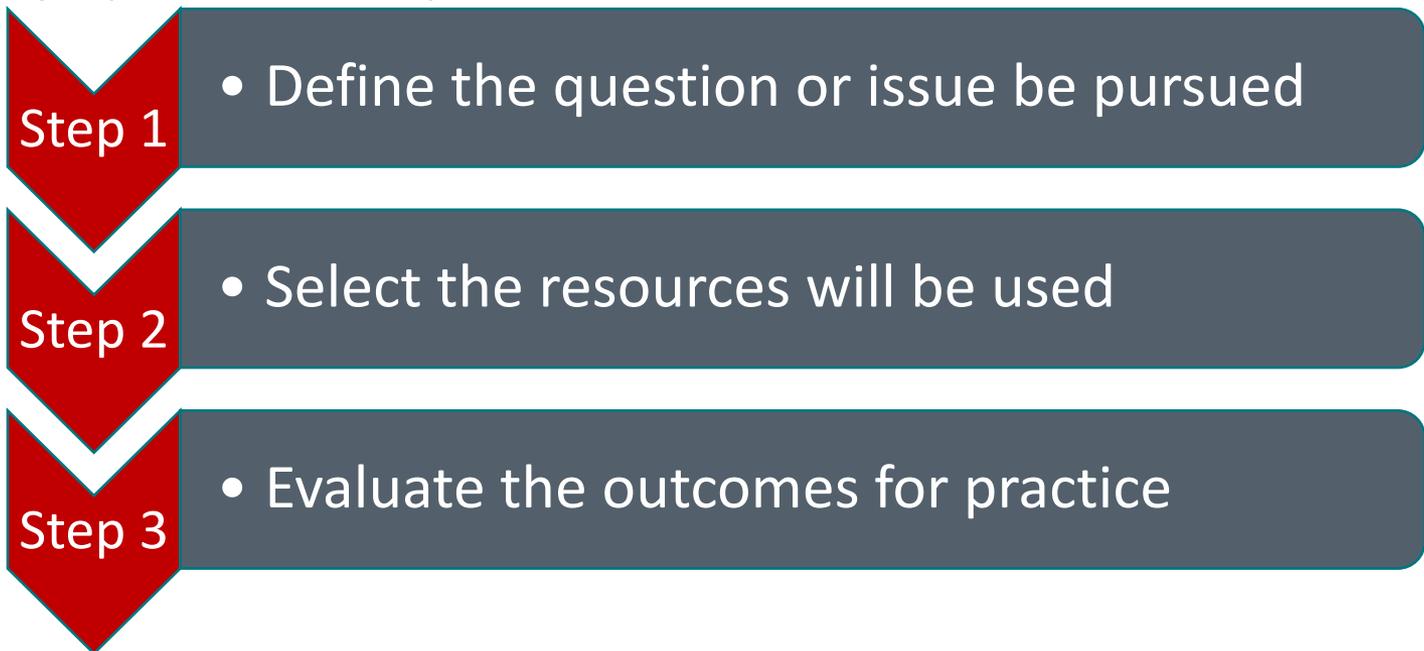
Royal College's CPD Framework

| Section 1 Group Learning | Section 2 Self-Learning | Section 3 Assessment |
|-----------------------------|----------------------------|------------------------|
| Accredited Group Learning | Planned Learning | Knowledge Assessment |
| Unaccredited Group Learning | Scanning Activities | Performance Assessment |
| | Systems Learning | |



The Structure of a Personal Learning Project

- The physician is responsible to:





Recording Personal Learning Projects

Enter a CPD Activity

* Indicates Required Field / Question

This form is used to enter all your self-learning activities. As you enter information, the screen occasionally updates.
None of the information is saved until you click on "Continue".
To save an incomplete file for completion at a later date click on "Save in Holding Area".

Section 2 - Self-Learning Activities: *

How many hours did you spend participating in this activity? *

Describe the question, focus, or title for this activity. *

Describe the outcome or impact for your professional practice. *

What date did you complete this activity? (MM/DD/YYYY) *

Credits for this activity.

Optional

What resources did you use to learn?

- Audio/Video tapes
- Group CME/e-learning
- Collegial discussion
- Teaching
- Systematic review / meta-analysis
- Reading articles / guidelines

For this activity, identify the portion (percent) of your learning attributed to one or more CanMEDS roles.
Enter a number (0-100) that reflects the percent relevant to each role(s).

Collaborator %

134 items in 14 pages



MAINPORT Mobile App – Side Toolbar





Tools to support question asking (PICO)

Framing a question or problem statement should consider describing:

- ✓ The population of interest
- ✓ The intervention you are considering
- ✓ The alternative treatment or comparator and
- ✓ The outcome of interest





Tools to translate experience into learning

Multiple options to promote reflection....

1. Tools / apps to capture potential questions – on the run!
2. Tools to document reflection on a question for future learning at the end of:
 - Formal CPD (Conferences, courses, grand rounds, journal clubs, seminars)
3. Reflections on learning or change as part of the evaluation of CPD
4. “Commitment to Change” forms
5. Learning plans.





Questions: A generalizable inquiry based learning strategy

Enables physicians to reflect on ...

1. Has my performance improved?
2. Does the care I provide patients reflect best evidence?
3. Are my patients better off?
4. Is where I work safe for patients?



Educational
Outcomes



Patient and
Health System
Outcomes





Small Group Discussion: Questions for you to consider are provided at your tables....



Report Back: Your reflections / discussion on....

1. Scope of Practice
2. Simulation
3. Question asking / goal setting





Need for Culture Change

Building a System of Continuous Learning and Practice Improvement

1. Focused on enhancing competence, performance, patient outcomes
2. Context is one's scope of practice
3. Content is based on evidence, experience
4. Learning process intentionally integrates
 - Formal learning
 - Directed self-learning
 - Assessment



Thank You

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of Internal Medicine®

Range of Co-Creation and Collaboration

Richard G. Battaglia, MD, FACP
Chief Medical Officer

Range of Co-Creation and Collaboration

Communication of and engagement in ABIM initiatives

- Standard setting*
- **Blueprint review***
- Offering MOC points for applicable CME activities*
- Governance Recruitment*
- New Approach to Item Development*

Enhancement of programs through an advisory role

- Specialization (Practice Profiles)
- Procedural requirements*
- Blueprint review*

Integration of Formative and Summative Activities

- “Learning links”
- External resources during summative assessment

Collaborative Maintenance Pathway*

- Formative materials
- Content development
- Summative component
- Delivery platform



Resource Commitment

Structured Blueprint Review

- American Society of Hematology
 - Charles Clayton, Chief Professional Development and Diversity Officer



American Society *of* Hematology

Helping hematologists conquer blood diseases worldwide

Range of Co-Creation and Collaboration

Communication of and engagement in ABIM initiatives

- Standard setting*
- Blueprint review*
- **Offering MOC points for applicable CME activities***
- Governance Recruitment*
- New Approach to Item Development*

Enhancement of programs through an advisory role

- Specialization (Practice Profiles)
- Procedural requirements*
- Blueprint review*

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Resource Commitment

ACP Podcasts CME and ABIM MOC

David Disbrow

Director, CME and Education Meetings
American College of Physicians

LCCR | November 5, 2018

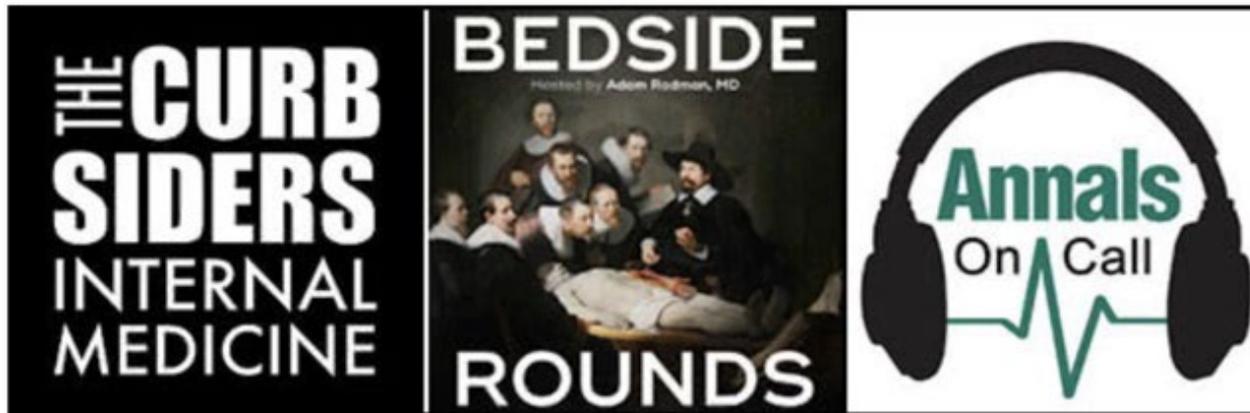
Podcasts

FEATURED LEARNING

Podcasts

Touching on a wide range of medical topics, ACP now offers free monthly [podcast episodes](#) for ACP members.

NEW



LCCR | November 5, 2018

Process

At least 5 business days prior to podcast release date, the following info is approved by two external reviewers:

- CME Application
- COI disclosure forms (guests, quiz writers, etc.)
- Signed letter of COI resolution
- In-depth Show Notes



Key Benefits

- Inexpensive
- Popular learning format – *over 2500 MOC points*
- Quick process turnaround allows for timely information



Range of Co-Creation and Collaboration

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Resource Commitment

GOVERNANCE

▶ [About ABIM](#)

▶ [Mission](#)

▶ [Governance](#)

[Governance Openings](#)

[Board of Directors](#)

[ABIM Council](#)

[Specialty Boards](#)

[Exam Committees](#)

[Self-Assessment Committees](#)

[Board Policies](#)

▶ [Executives](#)

▶ [Revenue and Expenses](#)

▶ [About ABIM Exams](#)

▶ [Statistics & Data](#)

ABIM's [governance structure](#) consists of more than 350 members on more than 50 boards and committees and includes physicians, allied professionals and public members. Individuals who are appointed to serve on ABIM boards or committees are expected to have [ABIM's mission](#) as their primary interest when contributing to ABIM's work and therefore must adhere to our [Board Policies](#). In order to more effectively achieve its mission, ABIM has adopted a governance structure that consists of six entities:

Board of Directors

The size of the ABIM [Board of Directors](#) varies from 12 to 15 members. Membership is comprised of leaders in quality improvement, health delivery systems, medical education and other important aspects of internal medicine. A majority of Directors must have current clinical practice experience and at least 30 percent of the Directors have experience with ABIM exam development. Up to 20 percent of members may be non-internist or public Directors. All physician Directors must meet the [requirements of the Maintenance of Certification program](#).

The Board of Directors' role is to:

- Determine and advance ABIM's mission and strategic policies, and to ensure the primacy, relevance and value of ABIM Certification.
- Be external-facing and future-focused in setting the direction and strategy for the organization, including setting overall goals and long-range plans for the organization.
- Establish fiscal policy and provide adequate resources for the activities of the organization.

GOVERNANCE OPENINGS

▶ About ABIM

▶ Mission

▶ Governance

Governance Openings

[Board of Directors](#)

[ABIM Council](#)

[Specialty Boards](#)

[Exam Committees](#)

[Self-Assessment Committees](#)

[Board Policies](#)

▶ Executives

▶ Revenue and Expenses

▶ About ABIM Exams

▶ Statistics & Data

Participating in ABIM governance provides a meaningful and rewarding opportunity to join outstanding professional colleagues in service to our patients.

Governance members help define breadth of knowledge of the Board certified internists or subspecialist, provide perspective on trends and scope of their discipline and collaborate with peers to develop the fairest and most up-to-date assessments possible.

If you have a genuine interest in professional development and standard setting for internal medicine and its subspecialties, please consider sharing this site with a colleague or applying yourself to be appointed to an ABIM board or committee.

ABIM strongly encourages candidates from groups under-represented in medicine, as well as physicians who practice in smaller communities or safety-net institutions.

Learn more about these open roles:

[EXPAND ALL](#) | [COLLAPSE ALL](#)

ABIM Board of Directors



ABIM Council



Range of Co-Creation and Collaboration

Communication of and engagement in ABIM initiatives

- Standard setting*
- Blueprint review*
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Resource Commitment

New Approach to Item Development

- New strategy for developing exam content
 - Becoming more common
 - Reduce cost and increase productivity
- Models represent a **family of potential items**
 - All items assess the **same testing point**
 - All items considered **interchangeable**

Item Writing Task Forces

- The Item Writing Task Forces are made up of unpaid **volunteers**.
 - There is one Task Force for each examination.
 - **MOC points** are provided for their efforts
- The Task Forces work both independently and in small group webinars to develop and review questions.
- The time commitment is roughly **4-6 hours per month**.
- Societies are encouraged to **recommend candidates**. Interested parties can apply through the governance openings portion of our website.

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Resource Commitment

Specialization/ Practice Profiles

- Endocrine Society:
 - Wanda Johnson, Chief Program Officer
- American Association of Clinical Endocrinologists
 - Dolores Jones, Director of Clinical Education



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Resource Commitment



American Board
of Internal Medicine®

Interventional Cardiology Procedural Requirements in Maintenance of Certification (MOC)

History



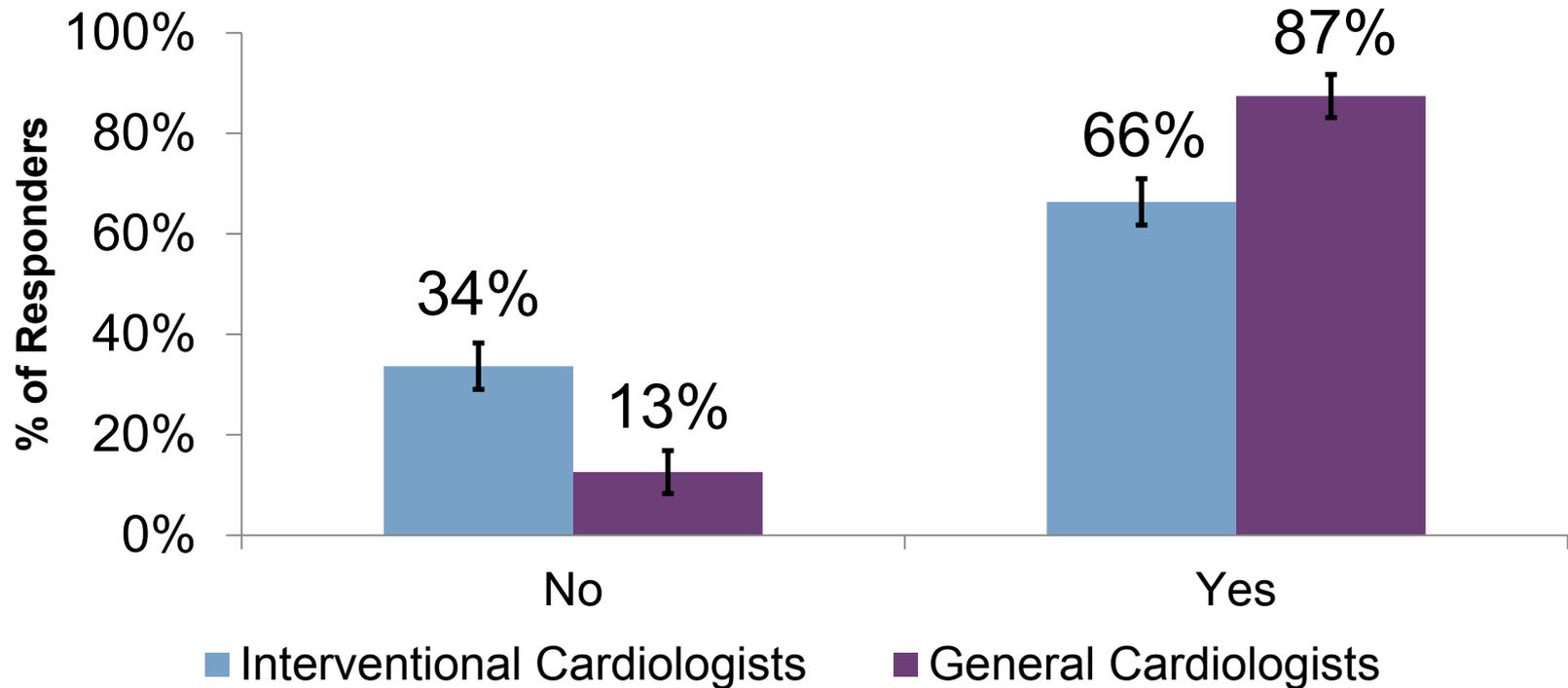
- SCAI sent a request to the ABIM Cardiovascular Medicine Specialty Board in Spring 2017 to examine current procedural requirements in Interventional Cardiology.
- The topic was discussed at the Spring 2017 Specialty Board meeting. It was agreed to ask for feedback on the topic from the community.
- A letter, jointly developed by SCAI and ABIM, was sent to SCAI members, on behalf of Kirk Garrett, President of SCAI, asking members for their feedback on the current requirements.

Questions to the Community



- Change the procedural requirement?
- Accept new procedures towards the procedural requirement?
- Discontinue the procedural requirement?

Q14: Should There be a Procedural Requirement for MOC?¹



1. ICARD: N=300; General Card: N=270

Error bars are 95% CI's

Outcome



- Specialty Board kept procedural requirement in place (both pathways)
- Specialty Board expanded types of procedures that could be counted toward the requirement

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Resource Commitment

Learning Links

- Benefit for educational feedback both before and after ABIM assessments
 - Opportunity for a **partnership between ABIM and societies**
- ABIM identifies and communicates physician's areas of strength and **opportunities to close medical knowledge gaps**
 - Offers opportunity for society partners to **create personalized educational paths** to support a physician's in lifelong learning

Society Considerations and Questions

- Range of potential Learning Links collaboration:
 - **List of key references** within a discipline to both drive content development and support studying
 - **Linking/tagging of educational products to the ABIM blueprint**
 - ▶ Facilitate tailored education paths for physicians
 - Collaboration on rationales explaining correct answers for released test questions (similar to ABIM's Self-Assessment modules)
 - **Co-branded pre-assessment** allowing physicians to gauge preparedness for an ABIM assessment
- Prototypes are in development
 - Ready for discussion in early 2019

Range of Co-Creation and Collaboration

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Resource Commitment

Society Considerations for External Resources

- **Log-in**
 - Users should not have to use individual log-in credentials to access the resource
- **Searchability**
 - Users should be able to use a search function to find something specific they are looking for within the resource
- **Content Access**
 - Content should be accessed without the need for pop-up windows, or new pages
- **Easy Navigation**
 - Users should have the ability to navigate easily from place to place within the resource
 - Hyperlinked table of contents
- **External Links**
 - Users should not be able to access a feature that will allow them to email
 - Users should not be able to access social media (no links to these pages)
 - External links to other content should be as limited as in the first two bullets

Updated External Resources Timeline

- **November to December 2018**
 - **Survey diplomates** in each specialty to ask for input on resources to build on what we learned from societies
 - Gather additional information about access and importance
 - **Select technical solution** for delivering multiple resources
- **January to March 2019**
 - Begin development of technical solution for delivering multiple resources
 - **Materials provided to societies** and other organizations **explaining initial requirements** for external resources that could be incorporated into the assessments
- **May to July 2019**
 - **Submission period** for potential external resources to ABIM for consideration
- **August to October 2019**
 - Identification of resources, and number of resources, to be included for each specialty
 - **Collaborative work with owners** of resources to prepare for inclusion
 - Continued development and technical activities for implementation
- **November to December 2019**
 - Completion of initial development activities and **user testing**
- **March to May 2020**
 - **Potential implementation** for select disciplines with continued roll-out

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Resource Commitment

Collaborative Maintenance Pathway

- American College of Cardiology



AMERICAN
COLLEGE *of*
CARDIOLOGY

- Janice Sibley, Senior Vice President, Education

- American College of Physicians



- Davoren Chick, MD, Senior Vice President, Medical Education

- American Society of Clinical Oncology



- Jamie Von Roenn, MD, Vice President, Education, Science and Professional Development



Questions?



American Board
of Internal Medicine[®]

COMMUNICATIONS UPDATE

David Buckman

Program Manager, Society and Governance Communications

Continued Engagement with the Community

- Two-way dialogue with diplomats and partner professional societies to:
 - Share information
 - Listen empathetically
 - Deepen connections
 - Capture feedback that leads to program changes



How Do We Use the Feedback?



Insights Programmatic Change

- Example: becoming board certified again by passing two consecutive Knowledge Check-Ins:
 - This new policy was a direct result of feedback ABIM received from the physician community.
 - Many physicians told ABIM they would like to take the Knowledge Check-In but were unable to because the former policy required a diplomate to be certified to be eligible.

Societies can help facilitate even more of this by continuing to remain engaged with us and sharing your feedback



A LIFELONG RELATIONSHIP

Welcome Kits for Newly Certified Physicians


Meet Your Members
BOARD OF DIRECTORS

The American Board of Internal Medicine's (ABIM) governance structure consists of more than 300 members on more than 30 boards and committees and includes physicians, allied professionals and public members. The Board of Directors' role is to determine and advance ABIM's mission and strategic policies, and to ensure the primacy, relevance and value of ABIM Certification. All physician Directors must meet the requirements of the Maintenance of Certification program.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  PATRICIA M. CONOLLY, MD Chair Dr. Conolly is an Associate Executive Director of The Permanente Medical Group (PMG) and the Executive Vice President for IT for the Permanente Federation. |  RICHARD J. BARON, MD President Dr. Baron is President and CEO of ABIM and the ABIM Foundation. Previously, he served as Group Director of Seamless Care Models at the Centers for Medicare & Medicaid Services Innovation Center. He spent 30 years in community practice. |
|  MARIANNE M. GREEN, MD Chair-Elect Dr. Green is Senior Associate Dean for Medical Education at the Northwestern University Feinberg School of Medicine and directs patient care at the General Internal Medicine Clinic. |  DAVID L. COLEMAN MD Secretary Dr. Coleman is the John Wade Professor and Chair of the Department of Medicine at the Boston University School of Medicine and Physician-in-Chief at Boston Medical Center. |
|  SONIA A. MADISON, MS Treasurer Ms. Madison served as Senior Vice President for Public Policy, AmeriHealth Mercy Family of Companies and Senior Advisor to the Secretary of the U.S. Department of Health and Human Services. |  VINEET ARORA, MD Dr. Arora is Assistant Dean of Scholarship & Discovery, and Director of Graduate Medical Education Clinical Learning Environment and Innovation at University of Chicago. |
|  M. SAFWAN BADR, MD Dr. Badr is Professor and Chair of the Wayne State University School of Medicine Department of Internal Medicine and Professor of Physiology and Biomedical Engineering, as well as staff physician at John D. Dingell VA Medical Center. |  ROGER W. BUSH, MD Dr. Bush is the Founding Program Director of the Billings Clinic Internal Medicine Residency. |
|  YUL D. EJNES, MD Dr. Ejnes is in private practice at Coastal Medical, Inc. and is Clinical Associate Professor of Medicine at the Warren Alpert Medical School of Brown University. |  RAJEEV JAIN, MD Dr. Jain is a partner at Texas Digestive Disease Consultants. He is Chief of Gastroenterology at Texas Health Presbyterian Hospital in Dallas and Clinical Associate Professor of Medicine at The University of Texas Southwestern Medical School. |
|  ANAND LAL, MD Dr. Lal is Chief of Rheumatology and Chief of |  C. SETH LANDEFELD, MD Dr. Landefeld is Professor and Chair of the Department of Medicine, University of Alabama |

STAY CONNECTED

Make sure to keep your contact info current so you don't miss important updates about your certification. You can do that in your Physician Portal!



TALK TO A HUMAN

1-800-441-2246
requests@abim.org
abim.org/contact



GET THE LATEST, FIRST

Read up, watch videos, and peruse infographics.
blog.abim.org/subscribe



GIVE US THE SCOOP

Join our Community Insights Network to share feedback.
abim.org/JointheNetwork



CONNECT WITH US

[@abim.certification](https://twitter.com/abim.certification)
[@ABIMcert](https://twitter.com/ABIMcert)



Digital Promotion Kit

Social Media Posts

This is YOUR moment, so let us put YOU front and center. Post a photo with hashtag #BoardCertified and we'll retweet it. Not feeling the photo option below to share your moment with your friends, family and colleagues.

Board Certified Internists are more likely to...

- save more lives.¹
- adhere to guidelines.²
- reduce healthcare costs.³

Infographic: Board Certified Internists are Positively Different

This infographic references research that shows how board certified internists make a difference in their patients' lives. Print it out to hang in your office. Download to post on your website, share on social media, and use in presentations.

Board Certified Internists are Positively Different

Board Certified Internists less likely to have disciplinary action

Board Certified Internists adhere to guidelines

Board Certified Internists save more lives

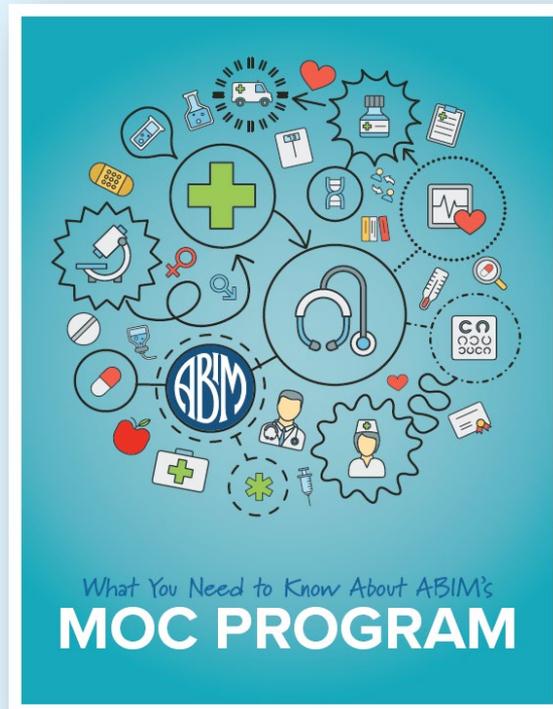
Community Engagement Activities

- Social Media
- Customer Experience
- Community Insights Network
- ABIM ENGAGE community
- User Testing
- Surveys
- Focus Groups
- Interviews
- Society Meetings



Community Engagement at Society Meetings

- Booth in Exhibit Hall
- MOC Update Presentations
- Town Hall Q&A
- Discovery Sessions
- Interviews



MEET YOUR MEMBERS NEPHROLOGY

These individuals serve on the American Board of Internal Medicine's (ABIM) Nephrology Board, where they are responsible for the broad definition of the discipline across Certification and Maintenance of Certification (MOC), and have oversight of ABIM's Nephrology Exam Committee. All individuals whose names in ABIM communications are considered to be board members and participate in MOC.

JEFFREY S. BERNIS
Dr. Berns is Professor of Nephrology, where he specializes in Electrolyte, and Hypertension.

PAUL T. CONWAY
Mr. Conway is President and Drug Administration medical devices.

DEIDRA C. CREWS
Dr. Crews is Associate Professor and Inclusion of the Department of Medicine.

LAURA GREENBERG
Ms. Greenberg is the Lead Clinical Nurse over the Nephrology Department.

SAMIR K. NANGIA
Dr. Nangia is Vice Chair of Nephrology and is a physician partner.

ANDREW S. NARVA
Dr. Narva is the Director of Nephrology and is the Chair of the Group on Chronic Kidney Disease.

RUDOLPH A. RODAS
Dr. Rodas is the Director of the Dialysis Care System and a Professor of Medicine.

HOW TO AVOID A CERTIFICATION STATUS CHANGE 12/31/2018

This year, it is particularly important to sign in to abim.org to check your Physician Portal as many Board Certified physicians have MOC program requirements due by the end of this year.

Requirements that can change your certification status if not completed by 12/31/18:

Assessments
Pass an MOC exam within 10 years of when you last passed. Remember, if you were unsuccessful on your assessment attempt in 2018 but you meet all other MOC requirements by 12/31/18, you will remain certified in 2019. Just be sure to register for your MOC exam in 2019.

Points
Earn 100 MOC points every five years. Many activities earn MOC points. Choose from ABIM's own activities, CME activities or QI/PI activities.

Events

Surveys

Pilots

GET INVOLVED
Share Your Insights

www.abim.org/jointhenetwork

Don't forget to sign in to abim.org and

QUESTIONS?

1-800-441-ABIM or email requests@abim.org
Mon. - Fri. 8:30 a.m. - 6:00 p.m. ET

©2016-09-2018

So What's Hot Right Now?



**ABIM Quarterly News and Notes –
Shared with diplomates on October 24**

A top-down view of a doctor's desk. In the center, a person's hands are typing on a silver laptop. To the left is a clipboard with a pen and glasses. To the right is a smartphone and a stethoscope. The background is a light blue gradient.

So What's Hot Right Now?

**Reminders to check
PHYSICIAN PORTAL**

ABIM Portal: Login

A screenshot of the American Board of Internal Medicine (ABIM) website. The browser address bar shows "American Board Of Internal Medicine [US] | https://www.abim.org". A yellow banner at the top contains the text "COMPLETE REQUIREMENTS BY 12/31/18 TO AVOID A CHANGE IN CERTIFICATION STATUS" with a dropdown arrow. The main navigation bar includes the ABIM logo, "American Board of Internal Medicine®", and links for "Physician Sign In", "Blog", "News", and a search icon. Below the navigation bar are three menu items: "BECOME CERTIFIED", "MAINTAINING CERTIFICATION (MOC)", and "ABOUT ABIM". A large red arrow points from the "Physician Sign In" link to a blue button labeled "PHYSICIAN PORTAL" in a sidebar. The sidebar also contains an orange button "CHECK A PHYSICIAN'S CERTIFICATION" and a teal button "RESOURCES FOR...". The main content area features a video player with a man in a white lab coat looking at a computer monitor. The video title is "PHYSICIAN-DRIVEN CHANGE: ABIM'S NEW PHYSICIAN PORTAL" and it includes a "READ MORE" button.

ABIM Portal: Profile Page



PHYSICIAN
PORTAL



PROFILE 

MENU 

MY PROFILE

[CHANGE USER NAME](#) [CHANGE PASSWORD](#)

▶ **PERSONAL INFORMATION**



Elizabeth Deveraux Montgomery ABIM ID#: 7897892

 *You are being reported on the public site as "Participating in MOC."*

Critical Care Medicine, *Participating in MOC* 

Pulmonary Disease, *Participating in MOC* 

Internal Medicine, *Not Participating in MOC*

▶ **CONTACT INFORMATION**

▶ **LICENSE INFORMATION**

▶ **MEDICAL SCHOOL**

ABIM Portal: Check Status

The screenshot displays the ABIM Physician Portal interface. At the top left is the ABIM logo and the text "PHYSICIAN PORTAL". At the top right are two blue buttons: "PROFILE" with a dropdown arrow and "MENU" with a hamburger menu icon. Below the header is a list of four main navigation items, each with a blue right-pointing triangle icon on the left and a status indicator on the right:

- MY ASSESSMENTS & CERTIFICATIONS**: Status indicator shows a yellow box with the number "1" and the text "Item needs attention".
- MY MOC POINTS**: Status indicator shows a yellow box with the number "2" and the text "Items need attention".
- MY PAYMENTS**: Status indicator shows a green checkmark icon and the text "No pending items".
- OTHER NOTIFICATIONS**: Status indicator shows a green checkmark icon and the text "No pending items".



**Why is this especially
important right now?**

**FIVE YEAR LOOKBACK
and other year end requirements**

Types of Certifications

1) Grandfathers

- Issued prior to 1990 (for the most part)
- Certified indefinitely, participation status varies

2) Time-limited

- Issued from 1990-2013
- Certified for 10 years, participation status varies

3) Must-be-maintained

- Issued to newly certified starting in 2013
- Issued for MOC beginning in 2014
- No end date, **certification contingent on meeting the requirements of the program**, participation status varies

First 5 Year Lookback 12/31/2018

MOC Requirements that **can change a diplomate's certification status** if not completed by 12/31/2018:

- **Assessments:** Pass an MOC exam within 10 years of when you last passed.*
- **Points:** Earn 100 MOC points every five years
- **Attestations:** If you hold a certificate with a procedural or encounter requirement, complete your attestation.
 - Focused Practice in Hospital Medicine: Attest every five years that you continue to meet inpatient encounter thresholds (senior attestation required)
 - Interventional Cardiology: Attest every five years that you continue to meet procedural requirements (senior attestation required)

*A diplomate can remain certified if they failed the exam and are in the grace period

First 5 Year Lookback: Communication Goals

- To minimize the number of diplomates facing a lapse of certification on 12/31/18.
- Utilize all ABIM communication platforms to **drive physicians to sign into their portal** to guarantee that they are aware of their 2018 requirements well before the 12/31/18 deadline.

Tactics

- Email
- Public Site/Portal
- Blog
- Social Media
- Customer Service
- Partners

Action required: Earn MOC points by 12/31/18 to avoid a certification status change

Dear Dr. Padilla:

ABIM has recently learned that you are no longer certified by another ABMS member board. This means you are not eligible for the MOC program for this year. Your MOC program for this year is waived.

You may have a change to your Physician Portal to check your MOC status.

PAY YOUR MOC PROGRAM FEE BY 12/31/18

Dear Dr. Padilla:

With 2019 fast approaching, we wanted to let you know about your payment options for your annual Maintenance of Certification (MOC) program fee. Our goal is to provide you with greater flexibility in paying for MOC.

Current year payment:
If you pay your 2018 program fee by 12/31/18, your total amount due will be \$155.

| DUE DATE | TOTAL |
|------------------|----------------|
| 2018 Program Fee | 12/31/18 \$155 |

Multi-year payment options:
You can also choose to pay for one or more future years, earning a 20% discount on your 2018 program fee and on each year paid in advance. For example:

Contact Us:
Mon. – Fri., 8:30 a.m. – 5:00 p.m. EST
1-800-441-ABIM
[Send us an email](#)

COMPLETE REQUIREMENTS BY 12/31/18 TO AVOID A CHANGE IN CERTIFICATION STATUS

Sign in to your **Physician Portal** to view any remaining requirements for the year. Not completing these requirements by 12/31/18 could result in a change to your certification status.

Physician Sign In | Blog | News | Q

BECOME CERTIFIED | MAINTAINING CERTIFICATION (MOC) | ABOUT ABIM

PHYSICIAN PORTAL

CHECK A PHYSICIAN'S CERTIFICATION

RESOURCES FOR...

ALL YOU NEED TO KNOW ABOUT THE KNOWLEDGE CHECK-IN

[READ MORE](#)

You Retweeted **ABIM** @ABIMcert · Aug 2

With ABIM's new Physician Portal, it's easier to keep track of your requirements for maintaining your certification. Sign in today to ✓ check it out!

Got a requirement due soon?
Your ABIM.org Physician Portal will let you know.

PHYSICIAN PORTAL

- MY ASSESSMENTS & CERTIFICATIONS
- MY MOC POINTS
- MY PAYMENTS
- OTHER NOTIFICATIONS

✓ Check it out.
✓ Check it off the list.

ABIM

You Retweeted **ACCME** @AccreditedCME · Oct 11

ACCME Quick Tip: @ABIMcert Board Certified physicians need to earn 100 MOC points every 5 years to remain certified. Many of your learners will need to earn these points by 12/31 to avoid a change in certification status. Read about how you can help at [accme.org/highlights/how...](#)

ACCME Quick Tip

Remind your learners that your CME+ABIM MOC activities count toward meeting their MOC requirements.

POSTED ON JULY 12, 2018

MOC TOTAL: 73 PTS

You're probably closer than you think!

Choice, Relevance, Convenience: Earn MOC Points on Your Terms

At ABIM, we want to help you be successful in maintaining your board certification. So, here's a refresher on all of the ways that you can earn points.

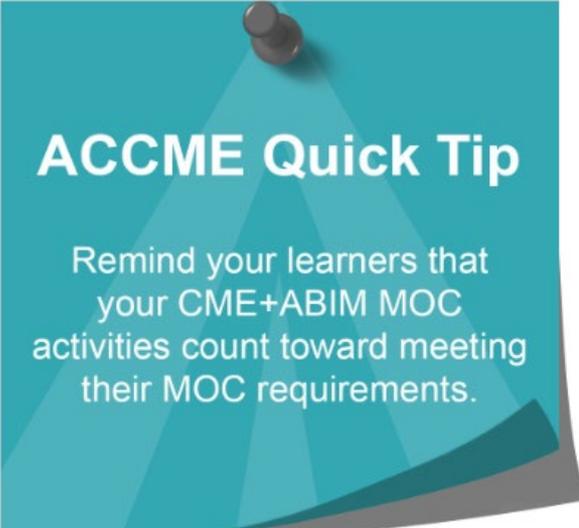
f t in +

A Community Effort

You Retweeted

 **ACCME** @AccreditedCME · Oct 11

#ACCMEQuickTip: @ABIMcert Board Certified physicians need to earn 100 MOC points every 5 years to remain certified. Many of your learners will need to earn these points by 12/31 to avoid a change in certification status. Read about how you can help at accme.org/highlights/how...



ACCME Quick Tip

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ACG 2018
Annual Scientific Meeting & Postgraduate Course



Join us for ACG 2018

October 5-10, 2018
Pennsylvania Convention Center
Philadelphia, PA

[CLAIM YOUR CME/MOC](#)

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chestdailynews.org

Efforts to Engage with Societies

- ABIM Engage online community for staff
- Communications staff check-ins
- Co-creation of newsletters, emails, etc.
- ABIM governance recruitment
- Check-in calls with societies ahead of specialty board meetings
- Specialty Board summary reports



LATEST SHARED FILES [ADD](#)

 **FALL 2018 QUARTERLY NEWS AND NOTES - EMAIL TO ALL ...**
BY: [DAVID BUCKMAN](#) 4 MINUTES AGO

ABIM recently emailed all diplomates the Quarterly News and Notes that provided important updates and ...

Efforts to Engage with Societies: Specialty Board Summary Reports

- Share what was discussed at the meeting in an effort to increase communications and transparency between ABIM governance and societies.
- In the future, our goal is to share more broadly with all diplomates.



The image shows the cover of a summary report from the American Board of Internal Medicine (ABIM) Nephrology Board. The top left corner features the ABIM logo and the text "American Board of Internal Medicine®". The top right corner shows the date "April 25, 2018". The main title "SUMMARY REPORT" is in large white letters on a dark blue background, with "Nephrology Board" in a smaller, orange font below it. Below the title, there is a section titled "A Message from the Chair" in blue. The text of the message is in black. To the right of the message is a portrait of Jeff Berns, MD, wearing glasses and a suit. Below the portrait is his name and title in blue: "Jeff Berns, MD, Chair, Nephrology Board, Chair-elect, ABIM Council".

ABIM American Board of Internal Medicine®

April 25, 2018

SUMMARY REPORT

Nephrology Board

A Message from the Chair

It has been a tremendous privilege to serve as Chair of the Nephrology Board and work alongside so many smart and talented people dedicated to improving ABIM's programs. I know how challenging it can be to practice medicine today and that by enhancing the Certification and Maintenance of Certification programs ABIM can better support physicians in their lifelong pursuit of knowledge and help them be the best physicians they can be. I believe that ABIM is working very hard to increase the relevance of Board Certification to nephrologists and look forward to continuing this work with them.

It is an exciting time in Nephrology. This spring ABIM will offer the Knowledge Check-In for the first time in two specialties: Internal Medicine and Nephrology. I look forward to hearing from my



Jeff Berns, MD
Chair, Nephrology Board
Chair-elect, ABIM Council



LOOKING FORWARD TO 2019

Knowledge Check-In Rollout

| 2018 | 2019 | 2020* |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Internal Medicine Nephrology | Cardiovascular Disease Geriatric Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Hematology Infectious Disease Pulmonary Disease Rheumatology | Advanced Heart Failure & Transplant Cardiology Clinical Cardiac Electrophysiology Critical Care Medicine Hospice & Palliative Medicine Hospital Medicine Interventional Cardiology Medical Oncology Sleep Medicine Transplant Hepatology |

** Adult Congenital Heart Disease will be available the first year the MOC assessment is offered in 2023.*

Let's have a conversation....

How can we partner to get the word out to your members?



- What has worked thus far from a communications standpoint? What has not worked?
- What communications channels does your society utilize?
- Any new ideas for us to try?

Let's have a conversation....

- What program details are you still unclear about as you look to communicate with your members?
- What areas of understanding do your members struggle with the most?
- How else can we help?



Your ABIM Communications Staff Contacts



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Director of Communications
and Brand Management



Pamela Browner White

Senior Vice President of
Communications



American Board
of Internal Medicine®

Town Hall Discussion

Richard Battaglia, MD
ABIM Chief Medical Office
(Moderator)

Town Hall Discussion

Panelists

- **Dr. Richard Baron**

President and CEO of ABIM

- **Dr. Jeff Berns**

Chair, Nephrology Board; Chair, ABIM Council

- **Dr. Bruce Leff**

Chair-elect, ABIM Council and Chair, Geriatric
Medicine Specialty Board

- **Dr. Asher Tulskey**

Member, ABIM Council, and Chair, Internal Medicine
Specialty Board



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Closing Comments

Dr. Bruce Leff



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Thank you!

**Tell Us How We Did....
Please Complete Our Survey**

