

2010 Annual Report



American
Board of
Psychiatry and
Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

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INTRODUCTION

The American Board of Psychiatry and Neurology (ABPN) is a non-profit corporation founded in 1934. The mission of the ABPN is to develop and provide valid and reliable procedures for certification and maintenance of certification in psychiatry and neurology by

- ▶ communicating and collaborating effectively with training programs, residents, candidates, diplomates, professional organizations, and the public;
- ▶ applying the best technologies and information available to collect and analyze pertinent data;
- ▶ developing the best testing methods to evaluate candidate and diplomate competencies; and
- ▶ operating programs and services efficiently.

The Board consists of neurologists, who are nominated by the American Academy of Neurology (AAN), the American Neurological Association (ANA), and Neurology Directors, and psychiatrists, who are nominated by the American College of Psychiatrists (ACP), the American Medical Association (AMA), the American Psychiatric Association (APA), and Psychiatry Directors.

In 2010, Dr. David Mrazek was Chair of the Board and Dr. Steven DeKosky was Vice-Chair. Dr. Larry R. Faulkner is the President and Chief Executive Officer of the Board.



Front row: Dr. Beth Ann Brooks, Dr. Barbara S. Schneidman. Second row: Dr. Janice M. Massey, Dr. Ann Tilton, Dr. Patricia K. Crumrine, Dr. Kailie R. Shaw. Third row: Dr. Kerry H. Levin, Dr. Michael J. Aminoff, Dr. Larry R. Faulkner, Dr. Ralph F. Józefowicz, Dr. David A. Mrazek, Dr. Steven T. DeKosky, Dr. Robert W. Guynn, Dr. Christopher C. Colenda. Back row: Dr. Victor I. Reus, Dr. Robert J. Ronis, Dr. Noor A. Pirzada.

2010 Neurology Directors

Dr. Steven T. DeKosky, Chair	Charlottesville, VA
Dr. Michael J. Aminoff	San Francisco, CA
Dr. Patricia K. Crumrine	Pittsburgh, PA
Dr. Ralph F. Józefowicz	Rochester, NY
Dr. Kerry H. Levin	Cleveland, OH
Dr. Janice M. Massey	Durham, NC
Dr. Noor A. Pirzada	Toledo, OH
Dr. Ann Tilton	New Orleans, LA

2010 Psychiatry Directors

Dr. David A. Mrazek, Chair	Rochester, MN
Dr. Beth Ann Brooks	Detroit, MI
Dr. Christopher C. Colenda	Morgantown, WV
Dr. Robert W. Guynn	Houston, TX
Dr. Victor I. Reus	San Francisco, CA
Dr. Robert J. Ronis	Cleveland, OH
Dr. Barbara S. Schneidman	Seattle, WA
Dr. Kailie R. Shaw	Tampa, FL

2010 Executive Committee

Dr. David A. Mrazek	Chair
Dr. Steven DeKosky	Vice Chair
Dr. Michael J. Aminoff	Secretary
Dr. Christopher C. Colenda	Treasurer
Dr. Janice M. Massey	Member-at-Large
Dr. Victor I. Reus	Member-at-Large

STRATEGIC PLANNING INITIATIVES

July marked the completion of ABPN's first 10-year strategic plan, Vision 20/10: A Clearer View of the New Millennium, and the beginning of its second, Vision 20/20, The Road to an Effective ABPN. Vision 20/10 was the first major strategic planning effort of the ABPN. It also included three Key Results Areas (KRAs). The major accomplishments in each KRA are summarized below.

Key Result Area No. 1:

Improve the Quality of the ABPN Certification Processes, Including Testing Methods

From a historical perspective, perhaps the most significant result of Vision 20/10 was the decision to eliminate the oral examinations that were components of the certification processes in psychiatry and neurology since the first examination was administered in 1935. Much deliberation preceded this decision, including experimentation with alternative oral examination formats. However, it was concluded that further enhancements in the validity and reliability of the oral examinations could not be significantly achieved given resource constraints, and the financial and logistical problems with the oral examinations were too problematic. In addition, advances in computer-based testing made it possible to assess some of the same competencies in a multiple-choice format. Because the Board recognized the critical importance of earlier assessment of clinical skills and remediation, if needed, it enacted credentialing requirements for their evaluation during residency training in neurology, child neurology, psychiatry, and child and adolescent psychiatry, and supported efforts to create related faculty development programs.

Although the oral examinations were being phased out, the Board nonetheless made several changes to enhance their quality. The orientation materials and sessions for examiners and candidates were reviewed and revised. Committees were established in both disciplines to develop the vignettes that were used, especially to provide guidelines for the examiners as to the acceptable answers. The scoring system, which had consisted of global ratings, was changed to a numerical system. In psychiatry, the non-patient section was altered to include four clinical cases, three written and one usually based on a short video clip of a psychiatrist-patient interaction, instead of one based on a 25-minute psychiatric interview. Sample vignettes, scorecards, and descriptions of the scoring system were placed on the ABPN web site for use by training directors and examinees.

A second major outcome was the transition from paper-and-pencil multiple choice examinations to computer administration, first in the ABPN's test center (and those of the American Boards of Pathology and Radiology) and subsequently in a national network of test centers (Pearson VUE). Computer administration expanded the range of item formats, and hence competencies, that could be assessed. Other advantages included increased standardization of test administration and a greater number of testing sites available to examinees.

A third significant outcome was the development of the ABPN's recertification [later renamed Maintenance of Certification (MOC)] program, in concert with the 23 other members of the American Board of Medical Specialties. This area was not explicitly referred to in the initial

version of Vision 20/10 but was added as a ninth strategic issue in 2002. Maintenance of certification eventually expanded from two components [professional standing (licensure) and cognitive expertise] to four with the addition of requirements for participation in self-assessment and lifelong learning (CME) activities and assessment of performance in practice. MOC necessitated enhanced communication with the Board's diplomates and with related organizations that were also involved in developing MOC-related products.

Key Result Area No. 2:

Improve the Professional Knowledge, Skills, and Attitudes of Psychiatrists and Neurologists

The ABPN devoted considerable effort to developing core competencies for its specialties and subspecialties. Following an invitational conference in June 2001, those for psychiatry and neurology were published in book form. They were also posted on the ABPN web site, as were those for the subspecialties as they became available. In addition to guiding educational efforts, these core competencies were also used to inform the content outlines used for test development.

During the decade of this plan, the ABPN approved certification in seven new subspecialties, and, in September 2010, an eighth, epilepsy, was approved by the American Board of Medical Specialties. The other seven are hospice and palliative medicine, neurodevelopmental disabilities, neuromuscular medicine, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology. Other ABMS boards are involved in all of them except for psychosomatic medicine and vascular neurology, which are only available to ABPN diplomates.

Although it is early in the process, the clinical skills requirements have already impacted Residency Review Committee training guidelines in psychiatry and neurology. An invitational conference for representatives of various stakeholder organizations was held in June 2008 to discuss the development of training programs for faculty members who conduct these evaluations. Psychiatry training sessions have been held at the annual meetings of the American Association of Directors of Psychiatric Residency Training (AADPRT), American Association of Child and Adolescent Psychiatry, Association for Academic Psychiatry, and American Psychiatric Association, and at the June 2010, September 2010, and November 2010 oral examinations. The ABPN has given the AADPRT funds to support the development of additional training materials. The Consortium of Neurology Training Program Directors is considering similar activities.

The issuance of time-limited certificates is another dramatic change in the history of the ABPN. Previously, diplomates may only have had contact with the Board at the time of initial certification. Now, the relationship with the Board will extend across the diplomate's career. The goal of MOC is to support diplomates in maintaining their expertise through several intertwined activities, including assessment of performance in practice.

Key Result Area No. 3:

Increase the Value of ABPN Certification to Both the Profession and the Public

The ABPN began to monitor participation rates in its specialty and subspecialty certification and MOC programs as one measure of certification's value to the profession. At this juncture, most graduates seek specialty certification. The participation in subspecialty certification is lower, with some variability across the subspecialties, and participation in MOC follows a similar pattern.

While difficult to assess, it was nonetheless clear that public awareness of certification was fairly limited. ABPN directors and staff participated in ABMS initiatives to enhance awareness, and a function (verifyCERT) was added to the ABPN web site to facilitate the public's ability to check on a psychiatrist's or neurologist's certification status. The ABPN also developed a folio web site so that diplomates might record their completed MOC activities, a process that should help to facilitate required reporting of diplomates' MOC status.

In summary, the directors and staff of the ABPN concluded that Vision 20/10 had a significant positive impact on the organization. It provided a structure for continuous evaluation of the Board's activities in light of its mission to serve the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and maintenance of certification processes.

VISION 20/20

After an environmental scan and a year of intensive strategic planning meetings, Vision 20/20, The Road to an Effective ABPN, was approved by the ABPN. It included a new ABPN Mission Statement, a Vision Statement, an Ends Statement, and a Fundamental Tenet. The Mission Statement is outlined in the Introduction on page 3. The other elements are outlined below:

Vision Statement

The ABPN certification and maintenance of certification processes are the standards of competence for practitioners of psychiatry and neurology, for pertinent professional organizations and governing bodies, and for the public.

Ends Statement

The ABPN is an organization promoting (1) autonomous programs of excellence, efficiency, integrity, and fairness for candidates and diplomates, (2) effective training and lifelong learning for psychiatrists and neurologists, and (3) quality psychiatric and neurologic care for the public.

Fundamental Tenet

The Board reaffirmed the wisdom of the two disciplines working conjointly for the common good of the respective fields. The combined Board, as a whole, was more than the sum of its parts.

MAINTENANCE OF CERTIFICATION

The Maintenance of Certification (MOC) Program continued to be phased in for those diplomates who applied for 2010 MOC examinations. They were required to complete 120 Category 1 Continuing Medical Education (CME) hours to fulfill the CME component of MOC. The MOC Program has four components: Professional Standing, Self-Assessment and CME, Cognitive Expertise, and Performance in Practice. At this point in time, diplomates with lifetime certificates are encouraged, but not required, to participate in MOC.

In 2010, the MOC Committee, chaired by Victor Reus, M.D., further developed the timetable for MOC and the Board approved all recommended changes as described below.

PROFESSIONAL STANDING

To show evidence of professional standing, the ABPN requires that diplomates must hold an active and unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. Such license must be maintained even if the physician is out of the country for extended periods of time. All medical licenses held must be unrestricted.

SELF-ASSESSMENT AND CME

Self-Assessment Activities

Diplomates of the ABPN are required to participate in at least two major, broad-based self-assessment activities during the 10-year MOC cycle. The self-assessment activities can come from multiple self-assessment programs. Each self-assessment activity must cover new knowledge and/or current best practices in one or more of the competency areas, and provide feedback to the diplomates that can be used as the basis for focused CME, lifelong learning, and/or career development. That feedback must include the correct answer and recommended literature resources for each question, and (by 2014) comparative performance to peers. This requirement is currently slated to begin for the 2011 examinations.

When this component is fully implemented in 2014:

- ▶ At least an average of eight of the CME credits per year (averaged over two to five years) should involve self-assessment.
- ▶ The first self-assessment activity must be completed in years 1–3 of the 10-year MOC cycle.
- ▶ The second self-assessment activity must be completed in years 6–8 of the 10-year MOC cycle.
- ▶ Feedback must include comparative performance to peers.

CME

Diplomates of the ABPN are required to complete an average of 30 specialty or subspecialty Category 1 CME credits per year over the 10-year MOC cycle. CME activities must be accredited by ACCME or by the Royal College of Physicians and Surgeons of Canada, and CME must be relevant to the specialty or subspecialty in which the diplomate is certified. Diplomates certified in more than one area only need to accrue an average of 30 CME credits

per year, as the same CME credits can be used to satisfy the MOC requirements for multiple specialties and subspecialties. This requirement was phased in beginning in 2006 for those applying for 2007 MOC examinations.

When this component is fully implemented in 2014:

- ▶ At least an average of eight of the CME credits per year (averaged over two to five years) should involve self-assessment.
- ▶ 150 CME credits must be earned during the first five-year block of the 10-year MOC cycle.
- ▶ 150 CME credits must be earned during the second five-year block of the 10-year MOC cycle.
- ▶ Diplomates must accrue 300 Category 1 CME credits over the 10-year MOC cycle.

Cognitive Expertise

Diplomates of the ABPN fulfill the cognitive expertise component by passing a cognitive examination prior to the expiration date on their certificates. To sit for a cognitive examination, all current MOC requirements must be satisfied at the time the MOC application is submitted. A passing score on the cognitive examination extends the renewal date of the certificate to December 31, ten years from the year of the cognitive examination. Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in more than 200 Pearson VUE testing centers throughout the country. To prepare for the MOC cognitive examinations, diplomates should keep current with research and developments in their respective fields, read specialty-specific journals and practice guidelines, and attend relevant CME programs.

Performance in Practice

The Performance in Practice (PIP) component is a two-part quality improvement program designed for “clinically active” physicians (see definitions below) to participate in practice improvement activities over the 10-year MOC cycle by both chart review and second-party external review. Diplomates will be required to complete three PIP Units, each consisting of both a Clinical Module (Chart Review) and a Feedback Module (Patient/Peer* Second-Party External Review).

If a diplomate participates in an institutional quality improvement program that involves collection of chart data and comparison and establishment of a plan to improve clinical activity for the individual physician, that institutional participation may also fulfill the PIP Clinical Module. If a diplomate participates in peer review in his/her clinical setting, that institutional activity may also fulfill the PIP Feedback Module criteria. This requirement is currently slated to begin for the 2014 MOC examinations.

When this component is fully implemented in 2017:

- ▶ The first PIP Unit must be completed in years 1–3 of the 10-year MOC cycle.
- ▶ The second PIP Unit must be completed in years 4–6 of the 10-year MOC cycle.
- ▶ The third PIP Unit must be completed in years 7–9 of the 10-year MOC cycle.

Clinical Modules (Chart Review)

- ▶ Clinical Modules require that each diplomate collect data from at least five patient cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) obtained from the diplomate's personal practice over the previous three-year period.
- ▶ Each diplomate must then compare data from the five patient cases with published best practices, or practice guidelines, or peer-based standards of care (e.g., hospital quality improvement programs), and develop a plan to improve effectiveness or efficiency of his/her clinical activities.
- ▶ Within 24 months, each diplomate must collect the same data from at least another five clinical cases in the same specific category to see if improvements in practice have occurred. The same patients may be assessed in the original and follow-up data.

Feedback Modules (Patient/Peer* Second-Party External Review)

- ▶ Feedback Modules require each diplomate to solicit personal performance feedback from at least five peers* and five patients over the previous three years.
- ▶ Each diplomate must then identify opportunities for improvement in the effectiveness and/or efficiency of his/her performance as related to the core competencies and take steps to implement suggested improvements.
- ▶ Within 24 months, each diplomate is required to solicit feedback from at least another five peers* and five patients to see if improvements in performance have occurred. Feedback may be obtained from the same patients and peers* as in the original and follow-up feedback.

* *Peers* include other professional health care staff such as psychologists, social workers, physicians, counselors, and nurses.

Clinically Active Status

The American Board of Medical Specialties (ABMS) has issued definitions of “clinically active” and “clinically inactive” and requires that all diplomates self-report their status once every 24 months in each area of certification. This information will be available to the public.

1. *Clinically Active*: Any amount of direct and/or consultative patient care has been provided in the preceding 24 months. This includes the supervision of residents.
 - A. Engaged in direct and/or consultative care *sufficient* to complete PIP Units
 - B. Engaged in direct and/or consultative care *not sufficient* to complete PIP Units
2. *Clinically Inactive*: No direct and/or consultative patient care has been provided in the preceding 24 months.
3. *Status Unknown*: No information is available on the clinical activity of the diplomate.

Diplomates who are in category 1A above are required to complete all components of the MOC Program, including PIP Units. Diplomates who are in category 1B or 2 above are required to complete all components of the MOC Program, except for PIP Units. A change in diplomate status from 1B or 2 to 1A requires the completion of at least one PIP Unit.

Number of Diplomates who Have Maintained Certification as of December 31, 2010	Specialty/Subspecialty	Lifetime Certificates	Time-limited Certificates	Total
	Count			
	Child Neurology	23	275	298
	Neurology	41	2097	2138
	Psychiatry	86	5603	5689
	Child and Adolescent Psychiatry	21	914	935
	Addiction Psychiatry	NA	849	849
	Clinical Neurophysiology	NA	678	678
	Forensic Psychiatry	NA	714	714
	Geriatric Psychiatry	NA	1382	1382
	Neurodevelopmental Disabilities	NA	1	1
	Pain Medicine	NA	26	26
	Totals	171	12,539	12,710

ABPN INVOLVEMENT WITH THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS)

The ABMS is a not-for-profit organization comprising 24 medical specialty Member Boards. The mission of the ABMS is to maintain and improve the quality of medical care by assisting its Member Boards in developing and implementing professional and educational standards for the certification of physician specialists. The intent of both initial certification of physicians and maintenance of certification is to provide assurance to the public that a physician specialist certified by a Member Board of the ABMS has successfully completed an approved educational program and evaluation process that is designed to assess the medical knowledge, judgment, professionalism, and clinical and communication skills required to provide quality patient care in that specialty. The ABMS coordinates the activities of its Member Boards and provides information to the public, the government, the profession, and its Members concerning issues involving certification of physicians.

The ABPN continues its active involvement in the ABMS. The following ABPN directors, emeritus directors, and staff served as Delegates and on committees and task forces:

- Michael J. Aminoff, MD, DScDelegate; Chair, ABPN Delegation
- Patricia K. Crumrine, MD.....Alternate Delegate
- Larry R. Faulkner, MDDelegate; Computer-Based Testing Task Force
- Robert W. Guynn, MDDelegate
- Patricia JandaBoard Staff Group
- Dorthea Juul, PhD.....Committee on Research and Evaluation Procedures;
Psychometric Advisory Group
- Janice M. Massey, MD.....Delegate
- Burton V. Reifler, MD, MPHCommittee on Oversight and Monitoring of
Maintenance of Certification
- Victor I. Reus, MDDelegate
- Robert J. Ronis, MD, MPH.....Alternate Delegate
- Barbara S. Scheidman, MD, MPH.....Board of Directors; Executive Committee
- Ann Tilton, MD.....Alternate Delegate
- Paul WhittingtonBoard Staff Group, 2010 Program Chair

TEST ADMINISTRATION

The ABPN administered 31 computer-based examinations in 2010. This included examinations for specialty and subspecialty certification and MOC. Thirteen modular MOC examinations were administered to 52 ABPN diplomates. Approximately 5255 test-takers took ABPN computer-based examinations at Pearson VUE testing centers. The certification examination in neurodevelopmental disabilities was administered to one ABPN diplomate and 31 American Board of Pediatrics diplomates.

Three additional examinations were administered by other boards. The American Board of Anesthesiology administered certification and MOC pain medicine examinations, and the American Board of Internal Medicine administered the certification examination in hospice and palliative medicine. A total of 60 ABPN diplomates took these examinations.

The ABPN administered psychiatry, neurology, and child neurology oral examinations in Houston, TX; Philadelphia, PA; Little Rock, AR; and Pittsburgh, PA. The child and adolescent psychiatry oral examination was held in Austin, TX. A total of 2364 candidates took the oral examinations.

2010 Examination Results

Examinations	Number Passing	Total Candidates	Percent Passing
Part I: Psychiatry	1415	1840	77%
Part I: Neurology	83	330	25%
neurologists	69	290	24%
child neurologists	14	40	35%
Part II: Psychiatry	1307	1761	74%
Part II: Neurology	135	188	72%
Part II: Child Neurology	25	34	74%
Neurology Certification (new format)	541	624	87%
Child Neurology Certification (new format)	93	117	79%
Child and Adolescent Psychiatry (computer)	315	355	89%
Child and Adolescent Psychiatry (oral)	280	381	73%
Addiction Psychiatry	70	71	99%
Geriatric Psychiatry	114	135	84%
Hospice and Palliative Medicine	24	29	83%
Pain Medicine	12	12	100%
MOC Psychiatry	826	834	99%
MOC Neurology	359	362	99%
MOC Child Neurology	53	54	98%
MOC Addiction Psychiatry	42	46	91%
MOC Child and Adolescent Psychiatry	175	175	100%
MOC Clinical Neurophysiology (general, EEG, EMG)	49	53	92%
MOC Forensic Psychiatry	51	55	93%
MOC Geriatric Psychiatry	115	121	95%
MOC Neurodevelopmental Disabilities	1	1	100%
MOC Pain Medicine	19	19	100%

2010 AWARDS

Ralph F. Józefowicz, M.D. received the 2010 A. B. Baker Award for Lifetime Achievement in Neurologic Education from the American Academy of Neurology (AAN). He was selected because of his broad contributions to neurologic education, including his guidance of several new AAN educational initiatives.

Noor A. Pirzada, M.D. received the 2010 AAN Consortium of Neurology Program Directors Recognition Award. He was cited for his excellent teaching skills and humanism in medicine.

Daniel K. Winstead, M.D. emeritus director, received the 2010 William C. Menninger Memorial Award for Distinguished Contributions to the Science of Mental Health from the American College of Physicians.

2010 PUBLICATIONS

Faulkner LR; Juul D; Pascuzzi RM; Aminoff MJ; Crumrine PK; DeKosky ST; Jozefowicz RF; Massey JM; Pirzada N; Tilton A: Trends in American Board of Psychiatry and Neurology specialties and neurologic subspecialties. *Neurology* 2010;75:1110-1117.

Faulkner LR, Vondrak PA: Frequently asked questions about maintenance of certification (MOC). *Journal of Clinical Psychiatry* 2010;71:632-633.

Reus VI: Motivations for change: the ABPN's MOC program. *The Carlat Psychiatry Report* 2010;8.

Ronis RJ: A view from the ABPN: A multi-part series on maintenance of certification (Parts I, II, and III). *Insight Matters* (Newsletter of the Ohio Psychiatric Physicians Association), 2010.

Talbott JA, Faulkner LR, Buckley PF: State hospital-university collaborations: a 25-year follow-up. *Academic Psychiatry* 2010;34:125-127.

2010 PRESENTATIONS

Colenda, CC: ABPN Maintenance of Certification. Presentation at the annual meeting of the American Association for Geriatric Psychiatry. San Antonio, TX, March 2010.

Faulkner LR: ABPN Certification and Maintenance of Certification for Psychiatrists: Past History, Current Status, and Future Directions. Grand rounds presentation, University of Arkansas for Medical Sciences. Little Rock, AR, January 14, 2010.

Faulkner LR: ABPN Certification and Maintenance of Certification for Psychiatrists: Past History, Current Status, and Future Directions. Grand rounds presentation, Department of Neuropsychiatry and Behavioral Science, University of South Carolina. Columbia, SC, March 5, 2010.

Faulkner LR: The ABPN and the New World of Education, Accreditation, and Certification. Presentation to the IMG Institute at the annual meeting of the American Psychiatric Association. New Orleans, LA, May 23, 2010.

Faulkner LR: Overview of the ABPN Maintenance of Certification Program: Lifelong Learning for Psychiatrists and Neurologists. Presentation to the APA Assembly at the annual meeting of the American Psychiatric Association. New Orleans, LA, May 23, 2010.

Faulkner LR: Recent Trends in ABPN Specialties and Psychiatric Subspecialties. Presentation to the APA Council on Adult Psychiatry at the annual meeting of the American Psychiatric Association. New Orleans, LA, May 24, 2010.

Faulkner LR: Communicating with Diplomates about the MOC Program: The Current Situation, the Problems, and a Possible Solution. Presentation to the ABMS Board Congress: MOC: 10 Years Strong and Growing. Chicago, IL, September, 2010.

Faulkner LR: ABPN Maintenance of Certification. Presentation at the annual meeting of the American Neurological Association. San Francisco, CA, October 2010.

Faulkner LR: ABPN Maintenance of Certification. Presentation at the annual meeting of the American Academy of Psychiatry and the Law. Tucson, AZ, October 2010.

Faulkner LR: ABPN Maintenance of Certification. Presentation at the annual meeting of the American Academy of Child and Adolescent Psychiatry. New York, NY, October 2010.

Faulkner LR: ABPN Maintenance of Certification. Presentation at the annual meeting of the American Academy of Addiction Psychiatry. Boca Raton, FL, December 2010.

Faulkner LR, ABPN Directors and Staff: ABPN Maintenance of Certification Program: Lifelong Learning for Psychiatrists and Neurologists. Presentation at the annual meeting of the American Academy of Neurology. Toronto, Ontario, Canada, April 2010.

Faulkner LR; ABPN Directors and Staff: ABPN Resident Information Session. Presentation at the annual meeting of the American Academy of Neurology. Toronto, Ontario, Canada, April 2010.

Faulkner LR; ABPN Directors and Staff: ABPN Update: Certification in Psychiatry and its Subspecialties. Presentation at the annual meeting of the American Psychiatric Association. New Orleans, LA, May 2010.

Faulkner LR; ABPN Directors and Staff: The ABPN Perspective on Maintenance of Certification: Lifelong Learning for Psychiatrists and Neurologists. Presentation at the annual meeting of the American Psychiatric Association. New Orleans, LA, May 2010.

Faulkner LR; Juul D; Brooks BA; Reus V; Glick S; Janda P: Psychiatrists in Trouble: Licensure Actions Involving ABPN Diplomates and Candidates. Workshop presented at the annual meeting of the American Association of Directors of Psychiatric Residency Training. Lake Buena Vista, FL, March 2010.

Faulkner LR; Juul D; Janda P; Brooks BA: The Credentialing Process for the American Board of Psychiatry and Neurology. Workshop presented at the annual meeting of the American Association of Directors of Psychiatric Residency Training. Lake Buena Vista, FL, March 2010.

Juul D: Psychiatrists in Trouble: Licensure Actions Involving ABPN Diplomates and Candidates. Presentation to the Department of Medical Education, University of Illinois College of Medicine. Chicago, IL, April 21, 2010.

Mrazek DA: ABPN Maintenance of Certification. Presentation at the annual meeting of the Society of Professors of Child and Adolescent Psychiatry. New Orleans, LA, April-May, 2010.

Pirzada N: ABPN Perspective on Maintenance of Certification. Presentation at the Texas Neurology Society. Austin, TX, February 2010.

Pirzada N: ABPN Perspective on Maintenance of Certification. Grand rounds presentation at the University of Toledo. Toledo, OH, February 2010.

Ronis RJ: ABPN: Past, Present and Future (with Emphasis on Maintenance of Certification). Grand rounds presentation, Cleveland Clinic. Cleveland, OH, April 15, 2010.

Ronis RJ: Maintenance of Certification (and Why You Should Care). Presentation at the Fall Faculty Meeting on Education, Department of Psychiatry, Case Western Reserve University. Cleveland, OH, September 28, 2010.

Schneidman BS: ABPN Maintenance of Certification. Presentation to University of Washington psychiatry and neurology residents. Seattle, WA, June 3, 2010.

Shaw KR: ABPN Maintenance of Certification. Presentation at the annual meeting of the Association for Academic Psychiatry. Pasadena, CA, September 2010.

Winstead DK, Juul D: Combined Training in Psychiatry and Neurology: Are the Graduates More Than the Sum of the Parts. Poster presented at the annual meeting of the American Association of Directors of Psychiatric Residency Training. Lake Buena Vista, FL, March 2010.

