



**American Board of Psychiatry and Neurology, Inc.**

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

2014

Annual Report

# Table of Contents

ABPN Board of Directors .....	3
President/CEO Message.....	4
Certification Statistics .....	7
Examination Results.....	8
MOC Ambassadors Program.....	9
ABPN Crucial Issues Forum.....	10
Faculty Innovation in Education Award.....	12
New and Retiring Board Members.....	13
Reflections from the ABPN Chair and Vice Chair .....	14
Observations from the ABPN Administrative Fellow.....	15
Awards, Honors, Publications, Presentations, ABMS Involvement and Trade Show Participation .....	16
ABPN Mission and Statement on Professionalism.....	Back Cover

## ABPN Board of Directors

The ABPN Board of Directors consists of sixteen voting members. The nominating organizations for psychiatry are the American College of Psychiatrists, American Psychiatric Association, and the American Medical Association. Neurologists are nominated by the American Neurological Association and the American Academy of Neurology. Each of these organizations recommends nominees to serve on the Board. In addition, the Directors themselves may nominate individuals to serve. The Board itself selects its new members.

In 2014, Barbara S. Schneidman, MD, MPH, was Chair of the Board and Ralph F. Józefowicz, MD was Vice Chair. Larry R. Faulkner, MD is the President and Chief Executive Officer of the ABPN.



*Front row: Drs. George A. Keepers, Kailie R. Shaw, Ralph F. Józefowicz, Larry R. Faulkner, Barbara S. Schneidman, Noor A. Pirzada, Laurie Gutmann, Ann Tilton. Second row: John B. Bodensteiner, Jeffrey M. Lyness, Robert N. Golden, Robert J. Ronis, Paramit T. Joshi, J. Clay Goodman, Terrence L. Cascino, Kerry H. Levin, and Robert W. Guynn.*



# Improving the ABPN MOC Program: Adapting Requirements to Fit Diplomates’ Professional Activities

By Larry R. Faulkner, MD, ABPN President and CEO

The American Board of Psychiatry and Neurology (ABPN) is a Member Board of the American Board of Medical Specialties (ABMS). As such, the ABPN is required to abide by Maintenance of Certification (MOC) Standards developed by the ABMS. The ABPN is well aware of the burden and pressures facing its busy diplomates, and has advocated vigorously within the ABMS for MOC Standards that are reasonable and flexible. While it must comply with the ABMS MOC Standards, the ABPN believes it is important for its MOC requirements to be as relevant and meaningful as possible. We have tried to make our MOC requirements reasonable and yet also acceptable to the ABMS and those outside organizations that want physicians to document their ongoing competence and participation in performance improvement activities.

With the release of the 2015 ABMS MOC Standards, it is now possible for the ABPN to modify its MOC Program to make it more consistent with the realities of diplomates’ professional activities. These changes should make it easier for many diplomates to fulfill MOC requirements. Here I will briefly review the requirements of the four parts of the ABPN MOC Program, highlight recent changes that have been made, and suggest how diplomates can monitor their MOC requirements and progress.

## MOC Part I: Professionalism and Professional Standing

The 2015 ABMS MOC Standards require Member Boards to “identify professionalism expectations for all diplomates” and “incorporate professionalism learning and assessment activities” into MOC Programs. ABPN diplomates fulfill Part I requirements by simply maintaining an unrestricted license(s) to practice medicine. There are no changes to this requirement which has been in place since the ABPN’s first examination in 1935. The ABPN has also developed a “Statement on Professionalism” which is available on its website ([www.abpn.com](http://www.abpn.com)) and has established a new Professionalism Committee with members who are recognized experts on professionalism and ethics. This new committee is charged to develop relevant questions on professionalism that the ABPN will use in its certification and MOC examinations.

## MOC Part II: Lifelong Learning and Self-Assessment

The 2015 ABMS MOC Standards require Member Boards to “establish requirements for Lifelong Learning and Self-Assessment”; “document that diplomates are meeting the learning and self-assessment requirements”; and “integrate Patient Safety principles” into their MOC Programs. ABPN diplomates fulfill Part II requirements by completing self-assessment (SA) and continuing medical education (CME) activities as well as Patient Safety Courses. Taken together, SA and CME complete a medical knowledge quality improvement cycle. The rationale for SA activities is based upon evidence suggesting that many physicians are limited in their ability to accurately assess their own knowledge. SA activities are intended to help diplomates do that type of assessment in a more objective manner.

The 2015 ABMS MOC Standards require that diplomates complete an average of 8 CME credits of SA activities per year. Those SA activities are usually provided through SA examinations developed by professional organizations (e.g., APA, AAN, etc.). The ABPN now requires that all SA activities be preapproved so that diplomates are assured that any SA activity they complete will fulfill ABPN requirements.

The 2015 ABMS MOC Standards now also permit Member Boards to accept approved non-CME types of SA activities. Based on feedback from diplomates and its own deliberations, the ABPN has decided to accept the following six types of non-CME SA:

1. Passing a Certification or MOC Examination
2. Having a peer reviewed scientific grant accepted with documented feedback
3. Having a peer reviewed paper accepted in a scientific journal
4. Completing a non-CME Patient Safety Course SA activity
5. Documenting peer supervision (at least 4 hours)
6. Documenting a Peer Review Committee review of clinical performance



The ABPN requires diplomates to complete 24 CME credits of SA activities in its 10-Year MOC Program and every 3 years in its Continuous MOC Program (CMOC). Eight (8) CME credits of SA requirements will be waived for each of the above 6 types of non-CME SA activities completed. Diplomates may have up to 16 of the required 24 CME credits of SA waived in the 10-Year MOC Program and every 3 years in the CMOC Program. Two different types of non-CME SA activities must be completed to have 16 CME credits waived.

In Part II of its MOC Program, the ABPN also requires diplomates to complete an average of 30 Category 1 CME credits per year. This requirement is similar to what most state medical boards mandate for physicians to maintain their medical licenses. Diplomates may count CME credits obtained from SA activities toward this overall CME requirement.

The only major new requirement established by the 2015 ABMS MOC Standards is for diplomates to complete a Member Board-approved Patient Safety Course “prior to or early in” their participation in MOC. The ABPN has decided to interpret this time requirement to mean that diplomates must complete an approved Patient Safety Course sometime during the period 3 years before to 3 years after they enter the MOC Program. The ABPN has established standards for Patient Safety Courses and will make every effort to approve Patient Safety Courses developed and administered by accredited institutions such as hospitals and residency programs. The ABPN will not implement this new requirement until 2016 so that professional organizations like the APA and the AAN have ample time to develop relevant Patient Safety Courses.

### **MOC Part III: Assessment of Knowledge, Judgment, and Skills**

The 2015 ABMS MOC Standards require Member Boards to conduct an “ongoing examination of diplomates’ knowledge of core content, judgment, and skills in the specialty no less than every 10 years.” ABPN diplomates fulfill Part III requirements

by passing a secure, proctored, practice relevant MOC Examination administered at Pearson VUE Centers conveniently located around the United States and Canada. To be eligible to take the MOC Examination, diplomates must possess an unrestricted medical license(s) and attest on the ABPN website that they have completed all other MOC requirements (i.e., SA, CME, and PIP). No patient data, SA activity scores, or other MOC results are to be sent to the ABPN. Random audits will be conducted of diplomates who apply for the MOC Examination. Passing an MOC Examination merely means that a diplomate does not need to take that MOC Examination for another 10 years. To remain certified, diplomates must fulfill all the other MOC requirements.

Only one set of MOC activities (i.e., SA, CME, and PIP) are required for multiple ABPN certifications. Separate MOC Examinations are required for each certification, but Combined MOC Examinations are available that cover up to 3 different certifications.

The ABPN MOC Examinations are clinically oriented and practice relevant. High pass rates are expected and have been observed. In the future, the ABPN will discuss ways in which the MOC Examinations might be modified to more closely resemble what happens during diplomates’ professional activities, including the possibility for diplomates to have access to relevant reference material during MOC Examinations.

### **MOC Part IV: Improvement in Medical Practice**

The 2015 ABMS MOC Standards require Member Boards to “incorporate practice assessment and improvement activities” into their MOC Programs “throughout diplomates’ careers.” ABPN diplomates fulfill Part IV requirements by completing Performance in Practice (PIP) Unit activities. PIP activities complete a clinical quality improvement cycle. The rationale for Part IV requirements is based upon evidence suggesting that the performance of many physicians tends to deteriorate over time.

Each PIP Unit consists of a Clinical Module and a Feedback Module. ABPN diplomates are required to complete one (1) PIP

Unit in the 10-Year MOC Program and every 3 years in the CMOC Program. As with SA activities, Clinical Modules and Feedback Modules must be pre-approved by the ABPN.

PIP Clinical Modules require diplomates to compare data obtained from at least 5 of their patients in a similar category (e.g., diagnosis, treatment) seen over the previous 3 years against peer standards of care (e.g., practice guidelines) that include at least 4 quality measures. Diplomates themselves choose which specific category they want to study as well as the 5 specific patients within that category. Based upon the comparison against peer standards, diplomates learn if there are opportunities for them to improve their patient care and take whatever improvement steps are indicated. Within 2 years, diplomates then recollect data from at least 5 patients in the same category (same or different patients as originally studied) to see if the indicated improvements have been made or their original excellent performance has continued.

The 2015 ABMS MOC Standards now permit the ABPN to be more flexible in its Feedback Module requirements. Diplomates may now select ONE type of Feedback Module they want to complete from the following menu of 6 options:

1. Patient Survey (at least 5 patients selected by the diplomate)
2. Peer Survey (at least 5 peers selected by the diplomate)
3. Institutional Peer Review (at least 5 Peer Review Committee members)
4. Supervisor Evaluation
5. Resident Evaluation (at least 5 residents selected by the diplomate)
6. 360 Degree Evaluation (at least 5 evaluators)

Free forms for each type of Feedback Module are available on the ABPN website.

Similar to the Clinical Module, the Feedback Module requires diplomates to solicit the required feedback selected, identify any opportunities for improvement, implement the relevant improvements suggested, and resolicit similar feedback within 2 years.

If diplomates happen to work in systems with quality improvement activities that are consistent with the ABPN Clinical Module requirements and/or feedback activities that are consistent with the ABPN Feedback Module requirements, the ABPN will award diplomates Part IV MOC credit for those activities

(requires preapproval by the ABPN). The ABPN will also award MOC Part IV Clinical Module credit for those diplomates with “meaningful participation” in the ABMS Portfolio Program.

### **MOC Credit for ACGME-Accredited Subspecialty Training and ABPN Certification**

ABPN diplomates who graduate from an ACGME-accredited subspecialty fellowship in 2011 or later and pass the relevant ABPN Subspecialty Certification Examination will now receive 3 years of MOC credit (SA, CME, and PIP).

### **Pathways to Certification for Diplomates with “Lifetime” Certificates**

ABPN diplomates with “lifetime” certificates may now enter the CMOC Program in two ways:

1. Pass the MOC Examination
2. Register for the CMOC Program, begin to complete required SA, CME, and PIP activities, and pass the MOC Examination within 3 years

### **The ABPN Physician Folios**

The best and easiest way for diplomates to obtain all relevant MOC information is in ABPN Physician Folios found on the ABPN website. Once on the website, diplomates click on ABPN Physician Folios to obtain their secure password that enables them to access their personalized MOC site. Here they can see their own MOC requirements, update their medical license(s), attest to the completion of MOC activities (SA, CME, and PIP), obtain information about ABPN-approved MOC products, and record and track their completed MOC activities.

The changes I have described in the ABPN MOC Program should make it easier for our diplomates to comply with its requirements and document their progress toward lifelong learning. We welcome constructive feedback from diplomates about how we might improve our MOC Program to make it a more relevant and meaningful component of their professional development. Any MOC Program must balance the need for credible requirements with the burden it places on diplomates. Ours is no exception. The modifications we have been able to make in our MOC Program as a result of the 2015 ABMS MOC Standards should bring us closer to striking that balance.

## Number of ABPN Diplomates Who Have Maintained Certification as of December 31, 2014

Specialty/Subspecialty	Diplomates with Lifetime Certificates	Diplomates with Time-Limited Certificates	Total
Child Neurology	25	439	464
Neurology	56	3587	3643
Psychiatry	111	9010	9121
Child and Adolescent Psychiatry	27	1623	1650
Addiction Psychiatry	NA	786	786
Clinical Neurophysiology	NA	770	770
Forensic Psychiatry	NA	798	798
Geriatric Psychiatry	NA	1064	1064
Neurodevelopmental Disabilities	NA	22	22
Pain Medicine	NA	79	79
Psychosomatic Medicine	NA	31	31
Vascular Neurology	NA	21	21
<i>Total</i>	<i>219</i>	<i>18,230</i>	<i>18,449</i>

# 2014 Examination Results

- The ABPN administered 23 computer-based specialty and subspecialty certification and maintenance of certification (MOC) examinations in 2014.
- In addition, 27 combined MOC examinations were administered to 255 ABPN diplomates. About 6,500 test takers took ABPN computer-based examinations at Pearson VUE testing centers.
- The certification examination in Neuro-muscular Medicine was administered to 87 ABPN diplomates and 12 American Board of Physical Medicine and Rehabilitation diplomates.
- The maintenance of certification examination in Neurodevelopmental Disabilities was administered to 4 ABPN diplomates and 24 American Board of Pediatrics diplomates.
- Three additional subspecialty examinations and one additional subspecialty maintenance of certification examination were administered by other ABMS boards:
- The American Board of Anesthesiology administered certification and MOC Pain Medicine examinations; 11 ABPN diplomates sat for certification and 18 sat for MOC.
- The American Board of Physical Medicine and Rehabilitation administered the first certification examination in Brain Injury Medicine to 56 ABPN diplomates.
- The American Board of Internal Medicine administered the certification examination in Hospice and Palliative Medicine to 15 ABPN diplomates.

The ABPN administered Psychiatry oral examinations in Little Rock, AR and Baltimore, MD. The Child and Adolescent Psychiatry oral examination was held in Atlanta, GA. A total of 554 candidates took the oral examinations.

Exam Type	Examination	Number Passing	Number of Candidates	Percent Passing
Part II	Psychiatry	213	341	62%
Certification	Psychiatry Certification	1675	1867	90%
Certification	Neurology Certification	654	833	79%
Certification	Child Neurology Certification	116	159	73%
Subspecialty	Child and Adolescent Psychiatry - Computer	143	186	77%
Subspecialty	Child and Adolescent Psychiatry - Oral	160	213	75%
Subspecialty	Child and Adolescent Psychiatry Certification	338	369	92%
Subspecialty	Addiction Psychiatry	143	150	95%
Subspecialty	Brain Injury Medicine*	53	56	95%
Subspecialty	Epilepsy	248	278	89%
Subspecialty	Geriatric Psychiatry	131	155	85%
Subspecialty	Hospice and Palliative Medicine*	6	15	40%
Subspecialty	Neuromuscular Medicine*	78	87	90%
Subspecialty	Pain Medicine*	8	11	73%
Subspecialty	Vascular Neurology	193	196	98%
MOC	Psychiatry	1251	1281	98%
MOC	Neurology	499	503	99%
MOC	Child Neurology	55	58	95%
MOC	Addiction Psychiatry	105	115	91%
MOC	Child and Adolescent Psychiatry	210	212	99%
MOC	Clinical Neurophysiology (General, EEG, EMG)	87	93	94%
MOC	Forensic Psychiatry	71	81	88%
MOC	Geriatric Psychiatry	132	141	94%
MOC	Neurodevelopmental Disabilities*	4	4	100%
MOC	Pain Medicine*	12	18	67%
MOC	Psychosomatic Medicine	31	33	94%
MOC	Vascular Neurology	21	21	100%

\*ABPN only



# MOC Ambassadors Program Increases Understanding of Continuous Board Certification

In 2011, the American Board of Psychiatry and Neurology created an MOC Ambassadors Program to increase awareness and understanding about the Maintenance of Certification (MOC) Program.

An ABPN Ambassador is a trained volunteer diplomate who communicates a consistent, positive message about MOC and lifelong learning to various groups around the country, such as specialty and subspecialty professional organizations. Ambassadors work with these organizations to keep diplomates informed.

ABPN facilitates training sessions for ambassadors on the MOC message and provide logistics support and background materials for those asked to give presentations. The training sessions are usually held in conjunction with professional meetings or through webinars, although special meetings are sometimes arranged.

In addition to accepting invitations to speak at professional meetings, we strongly encourage our ambassadors to be proactive and contact their local professional affiliates – Grand Rounds, professional societies, group practice settings, etc., and offer to speak about MOC. In addition to speaking to small groups, each is also encouraged to look for opportunities to talk and teach about MOC on a one-on-one basis with colleagues. Our ambassadors promote goodwill with diplomates and let it be known that ABPN is here to help diplomates meet their MOC requirements.

The ABPN Ambassador volunteer group helps to increase the understanding and value of Continuous Board Certification to our diplomates.

# Leaders in Psychiatry and Neurology Focus on Subspecialty Issues at Inaugural ABPN Crucial Issues Forum



The first “crucial issues” forum organized by the American Board of Psychiatry and Neurology, Inc. was held on April 6-7, 2014, in Chicago. The goal of the forum was for the ABPN Directors to gain insight and receive feedback from leaders in the fields of psychiatry and neurology on several subspecialty issues. In addition to ABPN directors and senior staff, representatives from several psychiatry, neurology, and child neurology organizations participated.

In addition to input sessions by Drs. Larry Faulkner (ABPN), Darrell Kirch (Association of American Medical Colleges), Thomas Nasca (Accreditation Council for Graduate Medical Education), and Lois Nora (American Board of Medical Specialties), three small group discussions centering on eight specific questions were held, and there was opportunity for informal exchange among the attendees. The results of the small group deliberations can be summarized as follows:

- The ABPN should not place a moratorium on new subspecialties or multi-

disciplinary subspecialties and should assess the future of the extant subspecialties.

- The option of beginning subspecialty training during the final year of specialty training was viewed more favorably by psychiatrists than by neurologists.
- Subspecialty certification and maintenance of certification (MOC) should continue to be linked with attainment and maintenance of specialty certification.
- Opinion was mixed about the possibility of allowing some self-selection of content on MOC examinations based on focus of practice.

It was the consensus of the ABPN Directors that the forum had met its objective and had provided the opportunity to update key leaders on various issues related to subspecialties, including maintenance of certification.

Several sessions provided insight on psychiatry and neurology subspecialties:

**Larry Faulkner, M.D.**, ABPN President and CEO presented “Recent Trends in ABPN Specialties and Subspecialties”



Dr. Faulkner described the approval process for subspecialties (ABPN, ABMS, and ACGME); the historical timeline for ABPN subspecialties, including number of training programs and trainees; residency and fellowship graduates and ABPN examination candidates; and diplomate participation in maintenance of certification. He concluded that the pace of subspecialization in psychiatry and neurology has increased significantly in the past 25 years, and the “health” of the subspecialties in terms of numbers of programs and graduates is variable with some thriving and others either stable or in decline. In general, subspecialists seek initial certification and participate in MOC at lower rates than specialists.

The future of subspecialty training and practice in the new health care era will be determined by many factors, including the relative emphasis on primary care, accessibility of specialty and subspecialty care, reimbursement policies, availability of residency and fellowship stipends, the demand for certification and MOC by employers and the public, as well as the costs to the physician of becoming certified and maintaining that status.



**Darrel Kirch, M.D.,** President and CEO, Association of American Medical Colleges presented “What Should the Role of the Medical School Be in Specialty Choice?”



Dr. Kirch described the early pressure on medical students to select a specialty. He outlined various workforce projections from the past three decades and noted that the current wisdom is that there is a physician shortage. The shortage is based on an increasing population, the aging of the population with a concomitant increased need for services, and an aging physician population. However, opinion is not unanimous about this conclusion. One change that is occurring in the health care delivery system is consolidation into larger practices. The effect of this on practice is unknown—will there be an increased emphasis on primary care or on specialist care? While the number of medical school graduates has increased in recent years, there has been no change in the number of GME positions, leading to a situation where a significant number of U.S. medical graduates did not obtain PGY-1 positions this year. Dr. Kirch argued that medical schools need to focus on the attainment of a broad range of competencies that transcend specialties. He also emphasized the need for appropriate mentorship for specialty selection.

**Thomas Nasca, M.D.,** Chief Executive Officer, Accreditation Council for Graduate Medical Education presented: “Current Status and Future Directions of Subspecialties in American Medicine”



Dr. Nasca presented data on the increasing number of subspecialty programs and positions over the past 30+ years and the factors contributing to this, including research and technology factors, social and economic status of subspecialists compared to specialists, practice opportunities, and the increase in the numbers of both ACGME-accredited and non-ACGME-accredited training programs. He described the impact of potential federal funding cuts on GME and argued that every GME program and position is valuable and should be treated as a national asset. The ACGME will continue to emphasize the quality of training rather than controlling the numbers and types of training programs that are available. He described newer aspects of ACGME accreditation including milestones, the Clinical Learning Environment Review (CLER) program, and the use of patient outcomes to evaluate training programs. He stated that the Next Accreditation System (NAS) emphasizes the link of subspecialty programs to their core programs.

**Lois Nora, M.D., J.D., M.B.A.,** President and CEO, American Board of Medical Specialties presented: “Future Directions of Subspecialties in American Medicine”



Dr. Nora spoke about medicine as a profession and the attendant rights and responsibilities and cited the Board system as an example of professional self-governance in the public interest. She also reflected on what the public expects of their physicians, namely accessibility, affordability, and competence. New specialties and subspecialties should serve society’s needs, and through their MOC programs, the Boards should assist their diplomates in providing state-of-the-art care. She suggested that because, over time, physicians typically narrow their scope of practice, MOC should not only cover core aspects of the specialty/subspecialty but also reflect a physician’s actual practice and thereby contribute to quality of practice.

# Faculty Innovation in Education Award Recognizes Innovative Projects from ABPN Diplomates

In December 2014, the ABPN announced the recipients of the 2015-16 ABPN Faculty Innovation in Education Award (previously known as the Faculty Fellowship Award). The award is intended to support the development of innovative education and/or evaluation projects that promote effective residency/fellowship training or lifelong learning of practicing psychiatrists and neurologists. Each year, the selection committee chooses up to two psychiatry and two neurology fellows for the two-year fellowship.

“This year’s fellows were selected from an excellent group of applicants,” said Larry Faulkner, MD, ABPN President and CEO. “As for last year, each fellow’s proposed project has broad implications for psychiatry and neurology education or evaluation.”

## The 2015-16 recipients are:

### **Jonathan Avery, MD**

Dr. Avery is an Assistant Professor of Psychiatry, Department of Psychiatry at Weill Cornell Medical College. His project will focus on understanding psychiatry residents’ attitudes towards individuals diagnosed with comorbid serious mental illness and substance use disorders and developing interventions to improve these attitudes.

### **Andrea Leep Hunderfund, MD**

Dr. Hunderfund is an Assistant Professor of Neurology, Department of Neurology at Mayo Clinic. The goals of her project are to develop a conceptual framework for the assessment and continuous improvement of professionalism among practicing physicians and to propose a model for incorporating professionalism into maintenance of certification (MOC) programs.

### **Andrew M. Southerland, MD, MSc**

Dr. Southerland is an Assistant Professor of Neurology and Public Health Sciences, Department of Neurology at University of Virginia School of Medicine. He will assess the feasibility and reliability of mobile telemedicine using Google Glass for remote evaluation of neurology resident patient examinations compared to face-to-face observation.

### **Jill Williams, MD**

Dr. Williams is a Professor of Psychiatry, Department of Psychiatry at Rutgers Robert Wood Johnson Medical School. Her project involves development and testing of an online curriculum on tobacco use disorders for psychiatry residents.

## Last year’s recipients of the 2014-2015 Faculty Fellowship Award, who are midway into their two-year fellowship, include:

### **Melissa Arbuckle, MD, PhD**

Dr. Arbuckle is an Associate Professor of Clinical Psychiatry and Co-director of Residency Training, Department of Psychiatry at Columbia University College of Physicians and Surgeons. She is focusing on creating continuing medical education courses to engage and support participants in implementing practice change.

### **Charles Flippen II, MD**

Dr. Flippen is a Professor of Neurology and Director of Residency Training, Department of Neurology, David Geffen School of Medicine at the University of California Los Angeles. The goal of his project is to evaluate the utility of digital video recording as a method to improve neurology resident interviewing skills.

### **Michael Jibson, MD, PhD**

Dr. Jibson is a Clinical Professor of Psychiatry and Director of Residency Education, Department of Psychiatry at University of Michigan Medical School. He is analyzing the psychometric characteristics of the Clinical Skills Verification process and assessing its utility for assessing specific milestones.

### **Robert Thompson Stone, MD**

Dr. Stone is an Assistant Professor of Neurology and Pediatrics at University of Rochester School of Medicine and Dentistry. He is developing a comprehensive system for evaluating the clinical skills of residents based on direct observation and exploring the validity of this system.

The ABPN Faculty Innovation in Education Award Committee, chaired by Robert Golden, MD, includes Drs. Allison Brashear, Deborah Cowley, Steven Epstein, Laurie Gutmann, Ralph Józefowicz, Jaffar Khan, and Kailie Shaw.

## New and Retiring Board Members

In January, ABPN welcomed two new board members – one neurologist and one psychiatrist. Neurology and psychiatry are always represented equally on the Board.



### **Allison Brashear, MD, Winston-Salem, NC**

Dr. Brashear is Professor and Chair of the Department of Neurology at Wake Forest School of Medicine in Winston-Salem, NC. She also holds the Walter C. Teagle Chair of Neurology. She is also the Interim Chair of the Department of Psychiatry at Wake Forest School of Medicine. As an ABPN director she serves on the Neurology MOC Examination and committees on finance, investment, faculty fellowship, research and development, and committee on irregular behavior. Dr. Brashear currently also serves on the American Academy of Neurology (AAN) Board of Directors and the AUPN council.



### **Joan M. Anzia, MD, Chicago, IL**

Dr. Anzia is Vice Chair for Education and Residency Training Director in the Department of Psychiatry and Behavioral Sciences at Northwestern University's Feinberg School of Medicine. She also serves as the Physician Health Liaison for Northwestern Medicine and is a member of the Graduate Medical Education Committee. Dr. Anzia is a Fellow and Chair of the Finance Committee for the ACP, a Past-President of AAP, and a Past President of the Illinois Psychiatric Society.

In addition, two board members retired at the end of 2014 after 8 years of service. ABPN thanks them for their commitment and contributions to the Board.



### **Barbara S. Schneidman, MD, MPH, Seattle, WA, 2014 Chair**

Dr. Schneidman is a Clinical Professor of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine and is a member of the Medical School Admissions Committee. As an ABPN Director, she chaired the Strategic Planning Committee, the Part A Psychiatry Certification Examination Committee, and the Forensic Psychiatry Steering Committee. She was also the Vice-Chair of the Finance and Investment Committees. She is a Distinguished Fellow of the APA, Fellow of the American College of Psychiatrists and is a member of the ACP Board of Regents where she is past President.



### **Ralph F. Józefowicz, MD, Rochester, NY, 2014 Vice Chair**

Ralph Józefowicz is Professor of Neurology and Medicine and Associate Chair for Education in the Department of Neurology at the University of Rochester, Rochester, NY. As an ABPN director, he served as the chair of the Neurology MOC Examination Committee, the Neurology Credentials Committee and the MOC Products Subcommittee. He has received the Distinguished Teacher Award from the ANA, the Robert J. Glaser AOA Distinguished Teacher Award from the AAMC, the A.B. Baker Lifetime Achievement Award for Neurologic Education from the AAN, and the Edithe J. Levit Distinguished Service Award from the NBME. He served as a director of the AAN and a member of the Neurology RRC.

## The Importance of Positive Relationships

by Barbara S. Schneidman, M.D., M.P.H., ABPN Director Emeritus

As I reflect back on my eight years as an ABPN Director, I am struck by how important positive relationships with various partners became during this period of time. I believe it is a special honor to be selected as a director, and also to have the opportunity to develop lifelong relationships with both my psychiatry and neurology colleagues.

Internally, the ABPN staff does a great job carrying out board policies that are developed, and we work together in a relationship based on mutual respect and collegiality. As the oral examination is eliminated, we now have fewer opportunities to interact with our examiner colleagues so my hope is that we will look for other venues to develop these special relationships. The ABPN committee structure is one venue available to work with colleagues as well as organized events at specialty society meetings.

External to the ABPN, there are a number of related organizations where our relationships are crucial to our work. I will highlight two of them here:

The ABMS, the policy-making organization that oversees the work of the 24 Member Boards, meets regularly and we work closely with the CEOs of the other boards as well as the ABMS Board of Directors. I have been the ABPN representative to ABMS for the last 6 years, and developing close relationships with my fellow directors has been crucial to understanding the important issues we need to deal with.

Our specialty societies are partners in many of our endeavors. Though our missions are different, the work of the specialty societies in developing products for MOC, or other related programs, has been exceedingly important and helpful to our diplomates. We need to keep open communication with our diplomates, and leadership meetings with our specialty society leaders have been very useful avenues for getting direct feedback from our diplomates.

In closing, ABPN is in great shape with their current leadership and remains dedicated to cultivating positive relationships—which will be very important to the future of board certification.



## Reflections on my Eight Years on the ABPN Board of Directors

by Ralph F. Józefowicz, MD, ABPN Director Emeritus

My eight years on the ABPN board were an exciting time marked by many changes in certification, including phasing out the oral examinations, instituting the clinical skills assessments in residency programs, developing a framework for the four components of Maintenance of Certification (MOC), rolling out the Continuous MOC (C-MOC) model, and embarking on an ambitious plan to improve the quality of our certification examinations. The latter will include formalized training of new question writers, electronic submission and editing of questions, reclassification of our

items onto a matrix that includes not only disease categories but also tasks for the examinee (e.g. diagnosis, evaluation, treatment), creating an integrated item bank, and a complete review of the question pool. All of these changes were undertaken to maintain the high quality of ABPN certification, which is a significant mark of achievement for our diplomates.

What has been most meaningful to me, however, was getting to know and work closely with my fellow neurology and psychiatry directors, Larry Faulkner and the ABPN professional staff in a thoughtful and supportive environment. I especially enjoyed getting to know the psychiatry directors, whom I would not have met otherwise. Our two fields of neurology and psychiatry are really not so disparate, and as we all know, our two specialties share many disorders, the treatment of which benefits from a solid foundation in both disciplines.

I will greatly miss working with my fellow directors, Larry and the ABPN staff in our mission to strengthen certification in neurology and psychiatry at a time of rapid change in medical practice. It was a wonderful eight years that I will never forget.



## Observations from the ABPN Fall 2014 Senior Resident Administrative Fellow

*by Alexis Cohen-Oram, M.D., Senior Psychiatry Resident, University of South Florida, Tampa, FL*

From September to November 2014, I had the honor of being the ABPN's first administrative fellow. During those three months, I attended weekly administrative seminars with the senior staff and had weekly meetings with Dr. Faulkner. I attended the ABPN's fall board meeting and attended professional society board meetings and annual meetings. In addition, with the assistance of many of the staff, I identified issues in psychiatric education (how different programs meet the 3 CSV requirements; whether residents find the CSV's effective; and do residents understand the ABPN and MOC) and designed and completed two surveys to look at the state of these concerns.

Prior to this fellowship, I had a limited understanding about what the ABPN does. I was unaware of its role in psychiatric education, or its relationship to other organizations involved in medical education, certification, licensure and regulation. Because of this fellowship, I gained an understanding of the mission and structure of ABPN, and learned that the entire organization is passionate about promoting a rigorous, high quality program of lifelong learning. I gained an appreciation of the organizations involved in medical education, and had the chance to meet the leaders of many of these organizations. I even observed policy meetings in which topics that directly affect my education were being discussed. Finally, this fellowship gave me the opportunity to learn valuable administrative and leadership skills from prominent leaders in the field, and to start building relationships with mentors that will last a lifetime.

---

## Awards and Honors

Current and former members of the ABPN Board of Directors received several prestigious honors in 2014

**John Bodensteiner, MD**, current ABPN director, was promoted to consultant status. His title is Consultant, Division of Child and Adolescent Neurology, Mayo Clinic and Professor of Neurology and Pediatric Neurology, Mayo Medical School.

**Darryl DeVivo, MD**, former director, gave the Sidney Carter Award in Child Neurology Lecture at the annual meeting of the American Academy of Neurology, April 2014. His topic was “Rare Diseases and Neurological Phenotypes.”

**Paramjit Joshi, MD**, current ABPN director, served as president of the American Academy of Child and Adolescent Psychiatry. In May she received the American Psychiatric Association’s Agnes Purcell McGavin Award for a Distinguished Career in Child and Adolescent Psychiatry in recognition of her outstanding contributions in teaching, research, and care of children and adolescents.

**Ralph Józefowicz, MD**, ABPN director whose term ended in 2014, received the Merentibus Medal from Jagiellonian University, Krakow, Poland. Dr. Józefowicz received this award for his efforts to establish a medical exchange program between Jagiellonian University Medical College and the University of Rochester School of Medicine and Dentistry. He was also made an honorary professor of the university, which is the second oldest in central Europe. The university celebrated its 650<sup>th</sup> anniversary in 2014.

**George Keepers, MD**, former director, served as chair of the Psychiatry Residency Review Committee.

**Victor Reus, MD**, former director, served as vice chair of the Board of Directors of the Accreditation Council for Continuing Medical Education.

**Barbara Schneidman, MD, MPH**, ABPN director whose term ended in 2014, finished her service as president of The American College of Psychiatrists.

**James Scully Jr., MD**, former ABPN director and former medical director and CEO of the American Psychiatric Association, became president of The American College of Psychiatrists. In November, he received the American Medical Association’s Medical Executive Lifetime Achievement Award. He was selected for the award because of his dedication to medical education and clinical care.

## 2014 Publications

Articles featuring ABPN and its programs appeared in medical publications throughout 2014:

What Psychiatrists Need to Know About MOC by Larry Faulkner, MD, President and CEO, ABPN, *North Carolina Psychiatric Association News*, March 2014 (reprinted from *Psychiatric News*)

Passing ABPN Exam To Be Based on Total Test Score by Mark Moran, *Psychiatric News*, April 18, 2014 (includes comments from Drs. Faulkner and Shen)

An Update on the MOC Program for Psychiatry by Patricia Vondrak, MBA and Larry Faulkner, MD, *Psychiatric Times*, May 29, 2014

ABPN Leaders Explain Goals, Background of MOC Program by Patricia A. Vondrak, MBA and Larry R. Faulkner, M.D., *Psychiatric News*, October 10, 2014

Board provides more flexibility on MOC By: Alicia Gallegos, *Dermatology News Digital Network*, *Skin and Allergy News*, October 28, 2014 (includes comments from Dr. Faulkner)

Board provides more flexibility on MOC By: Alicia Gallegos, *Thoracic Surgery News Digital Network*, *Thoracic Surgery News*, October 28, 2014, (includes comments from Dr. Faulkner)



---

## 2014 Presentations

Throughout 2014, ABPN Directors, staff and MOC Ambassadors contributed their knowledge of both the psychiatry and neurology specialties and subspecialties and the importance of certification and MOC by engaging in presentations to various groups.

### February

---

Lifelong Learning, presented by L. Faulkner as an interest group leader at the annual meeting of the American College of Psychiatrists, San Antonio, TX, February 2014.

Lifelong Learning: The ABPN MOC Program, presented by A. Walaszek to Department of Psychiatry Grand Rounds, Rogers Memorial Hospital, Oconomowoc, WI, February 2014.

### March

---

ABPN Examinations and Credentialing, presented by L. Faulkner at the annual meeting of the American Association of Directors of Psychiatric Residency Training, Tucson, AZ, March 2014.

Lifelong Learning: The ABPN MOC Program, presented by C. Bernstein to Department of Psychiatry, Long Island Jewish Medical Center, New Hyde Park, NY, March 2014.

Lifelong Learning: The ABPN MOC Program, presented by J. Morris to Psychiatrists of Guam, Hagatna, Guam, March 2014.

New Developments of the ABPN Computer-Delivery Psychiatry Certification Examinations, workshop presented by L. Shen, L. Faulkner and D. Juul at the annual meeting of the American Association of Directors of Psychiatric Residency Training, Tucson, AZ, March 2014.

### April

---

Examinations for MOC and Certification: Where Are the Differences?, paper presented by L. Shen and D. Juul at the 16<sup>th</sup> Ottawa Conference, Ottawa, ON, Canada, April 2014.

Recent Trends in ABPN Specialties and Subspecialties, presented by L. Faulkner at ABPN Crucial Issues Forum on Subspecialties in Psychiatry and Neurology, Chicago, IL, April 2014.

Summary of the ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by L. Faulkner at the annual meeting of the American Academy of Neurology, Philadelphia, PA, April 2014.

Trends in American Board of Psychiatry and Neurology Specialties and Neurologic Subspecialties, poster presented by L. Faulkner and D. Juul at the annual meeting of the American Academy of Neurology, Philadelphia, PA, April 2014.

### May

---

ABPN Update: Certification in Psychiatry and Its Subspecialties, presented by L. Faulkner at the annual meeting of the American Psychiatric Association, New York, NY, May 2014.

Board Certification and Program of Maintenance of Certification in the United States, presented by J. Biller as a videoconference to physicians in Uruguay, May 2014.

Lifelong Learning: The ABPN MOC Program, presented by J. Morris to New Jersey Psychiatric Association, Parsippany, NJ, May 2014.

Lifelong Learning: The ABPN MOC Program, presented by J. Morris to Riverview Psychiatric Center, Augusta, ME, May 2014.

Overview of the ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by L. Faulkner at the annual meeting of the American Psychiatric Association. New York, NY, May 2014.

### June

---

Lifelong Learning: The ABPN MOC Program, presented by T. Cascino to Minnesota Society of Neurologic Sciences, Minneapolis, MN, June 2014.

Lifelong Learning: The ABPN MOC Program, presented by S. Kramer to Department of Psychiatry, Wake Forest Baptist Medical Center, Winston-Salem, NC, June 2014.

Promoting Physician Competence Through Lifelong Learning and Deliberate Practice: Implications for Academia, presented by L. Faulkner at Department of Psychiatry Grand Rounds, Dartmouth Geisel School of Medicine, Hanover, NH, June 2014.

### August

---

Lifelong Learning: The ABPN MOC Program, presented by B. Schneidman to American Psychiatric Association Area 7 District Branch Administrators-Montana, Bozeman, MT, August 2014.

### September

---

Certification and MOC Examinations: Similarities and Differences poster presented by L. Shen, D. Juul and L. Faulkner at American Board of Medical Specialties Conference, Chicago, IL, September 2014.

Diplomate Feedback about MOC: The ABPN Perspective, presented by L. Faulkner at American Board of Medical Specialties Conference, Chicago, IL, September 2014.

---

Lifelong Learning: The ABPN MOC Program, presented by J. Cheong to Indiana Psychiatric Society, Indianapolis, IN, September 2014.

Lifelong Learning: The ABPN MOC Program, presented by P. Joshi to Maryland Psychiatric Society, Baltimore, MD, September 2014.

Lifelong Learning: The ABPN MOC Program, presented by K. Levin at Department of Neurology Grand Rounds, Cleveland Clinic, Cleveland, OH, September 2014.

Lifelong Learning: The ABPN MOC Program, presented by J. Lyness at Department of Psychiatry Grand Rounds, University of Virginia School of Medicine, Charlottesville, VA, September 2014.

Lifelong Learning: The ABPN MOC Program, presented by M. Wasserstein to Missouri Psychiatric Association, Columbia, MO, September 2014.

Lifelong Learning: The ABPN MOC Program, webinar presented by L. Faulkner and P. Vondrak for ABPN MOC Ambassadors, September 2014.

Overview of the ABPN MOC Program, presented by L. Faulkner at Department of Neurology Grand Rounds, Duke University School of Medicine, Durham, NC, September 2014.

## October

---

ABPN MOC Program: An Update, presented by L. Faulkner at the annual meeting of the American Academy of Psychiatry and the Law, Chicago, IL, October 2014.

Lifelong Learning: The ABPN MOC Program, presented by S. Epstein to New York State Psychiatric Association, New York, NY, October 2014.

Lifelong Learning: The ABPN MOC Program, presented by R. Frierson to Washington Psychiatric Society, Washington, DC, October 2014.

Lifelong Learning: The ABPN MOC Program, presented by J.C. Goodman at American Academy of Neurology Fall Conference, Las Vegas, NV, October 2014.

Lifelong Learning: The ABPN MOC Program, presented by A. Mihajlovic to Iowa Psychiatric Society, Iowa City, IA, October 2014

Lifelong Learning: The ABPN MOC Program, presented by S. Sexson to Pittsburgh Psychiatric Society, Pittsburgh, PA, October 2014.

Lifelong Learning: The ABPN MOC Program, presented by A. Tilton at the annual meeting of the Child Neurology Society, Columbus, OH, October 2014.

Lifelong Learning: The ABPN MOC Program, presented by A. Tilton to the South Carolina Neurological Society, Greenville, NC, October 2014.

Lifelong Learning: The ABPN MOC Program, presented by A. Walaszek to Maryland Psychiatric Society, Philadelphia, PA, October 2014.

MOC Part IV: Making It Work in Your Practice, presented by L. Faulkner at the annual meeting of the American Psychiatric Association Institute on Psychiatric Services, San Francisco, CA, October 2014.

Summary of the ABPN MOC Program: Lifelong Learning for Psychiatrists, presented by L. Faulkner at the annual meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, CA, October 2014.

Summary of the ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by L. Faulkner at the annual meeting of the American Neurological Association, Baltimore, MD, October 2014.

## November

---

Lifelong Learning: The ABPN MOC Program, presented by K. Levin to Massachusetts Neurologic Association, Waltham, MA, November 2014.

Lifelong Learning: The ABPN MOC Program, presented by A. Matthews to Utah Psychiatric Association, Salt Lake City, UT, November 2014.

Lifelong Learning: The ABPN MOC Program, presented by T. Riordan; M. Lauterbach to Massachusetts Psychiatric Society, Natick, MA, November 2014.

## December

---

Lifelong Learning: The ABPN MOC Program, presented by P. Crumrine at the annual meeting of the American Epilepsy Society, Washington, DC, December 2014.

Lifelong Learning: The ABPN MOC Program, presented by L. Faulkner to New York County Psychiatric Society, New York, NY, December 2014.

Lifelong Learning: The ABPN MOC Program, presented by K. Levin at Department of Psychiatry Grand Rounds, Cleveland Clinic, Cleveland, OH, December 2014.

Lifelong Learning: The ABPN MOC Program, presented by M. Verduin at the annual meeting of the American Academy of Addiction Psychiatry, Aventura, FL, December 2014.

---

## ABPN Participation in American Board of Medical Specialties (ABMS) Committees and Interest Groups

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

**Michael J. Aminoff, MD, DSc:** International Design Team

**Terrence L. Cascino, MD:** Finance and Audit Committee

**Kerry H. Levin, MD:** Committee on Continuing Certification

**Burton V. Reifler, MD, MPH:** Committee on Oversight and Monitoring of Maintenance of Certification; DANS Working Group

**Victor I. Reus, MD:** International Design Team; ABMS Representative to ACCME; Vice Chair of ACCME Board of Directors

**Barbara S. Schneidman, MD, MPH:** Board of Directors; Strategic Planning Committee; Ambassadors Network

**Karen Back:** MeetNet

**Patricia Janda:** ProNet

**Dorthea Juul, PhD:** Committee on Research and Evaluation Procedures; Psychometric Advisory Group

**Catherine Szmurlo:** Communicators Network

**Patricia Vondrak:** MOCNet; COMMOC Annual Report Working Group

**Paul Whittington:** Communicators Network; Technology Network

## Trade Show Participation

ABPN staff values the importance of having a trade show booth presence at the annual meetings of our professional society partners, in order to meet with and answer questions from our candidates and diplomates face-to-face. The following organizations were included in the 2014 schedule:

- Academy of Psychosomatic Medicine
- American Academy of Addiction Psychiatry
- American Academy of Child and Adolescent Psychiatry
- American Academy of Neurology
- American Academy of Psychiatry and the Law
- American Association for Geriatric Psychiatry
- American Association of Neuromuscular and Electrodiagnostic Medicine
- American Epilepsy Society
- American Neurological Association
- American Psychiatric Association
- American Psychiatric Association Institute on Psychiatric Services
- Child Neurology Society

## Our Mission

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:

- Developing the best testing methods to evaluate candidate and diplomate competencies;
- Applying the best technologies and information available to collect and analyze pertinent data;
- Communicating and collaborating effectively with training programs, residents, candidates, diplomates, professional and health care organizations, and the public; and
- Operating programs and services effectively and efficiently.

## Statement on Professionalism

Professionalism forms the basis of medicine's contract with society. The ABPN is concerned with those aspects of professionalism that are demonstrated through: a physician's clinical competence, commitment to lifelong learning and professional improvement, interpersonal skills, and ethical understanding and behavior. In its credentialing, certification, and MOC programs, the ABPN seeks to assess and document that its candidates and diplomates possess and maintain these essential aspects of professionalism.



**American Board of Psychiatry and Neurology, Inc.**

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