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2016 ABPN Board of Directors

Front row left to right: Drs. Laurie Gutmann, Kailie Shaw (Chair), Larry Faulkner (President/CEO), Noor Pirzada (Vice Chair), and Joan Anzia. Second row left to right: Drs. Robert Golden, George Keepers, Allison Brashear, J. Clay Goodman, Paramjit Joshi, Kerry Levin, Nina Schor, and John Bodensteiner. Back row left to right: Drs. Steven Lewis, Robert Ronis, Christopher Thomas, and Jeffrey Lyness.

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Tampa, FL

Board Vice Chair
Noor Pirzada, MD
Toledo, OH

Board Secretary
Kerry Levin, MD
Cleveland, OH

Board Treasurer
J. Clay Goodman, MD
Houston, TX

Board Member-at-Large
George Keepers, MD
Portland, OR

Board Member-at-Large
Robert Ronis, MD, MPH
Cleveland, OH

Psychiatry Directors

Kailie Shaw, MD
Chair, Psychiatry Council
Tampa, FL

Joan Anzia, MD
Chicago, IL

Robert Golden, MD
Madison, WI

Paramjit Joshi, MD
Washington, DC

George Keepers, MD
Portland, OR

Jeffrey Lyness, MD
Rochester, NY

Robert Ronis, MD, MPH
Cleveland, OH

Christopher Thomas, MD
Galveston, TX

Neurology Directors

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Chair, Neurology Council
Toledo, OH

John Bodensteiner, MD
Rochester, MN

Allison Brashear, MD, MBA
Winston-Salem, NC

J. Clay Goodman, MD
Houston, TX

Laurie Gutmann, MD
Iowa City, IA

Kerry Levin, MD
Cleveland, OH

Steven Lewis, MD
Chicago, IL

Nina Schor, MD, PhD
Rochester, NY
As I have traveled around the country speaking to groups of diplomats about MOC, I am frequently asked, “What are you trying to accomplish with your MOC Program?” My response is straightforward. The major purpose of the ABPN MOC Program is to promote and document the lifelong learning of its diplomates and to support those diplomates in that effort. The ABPN approach to MOC continues its long tradition of implementing programs establishing that candidates and diplomates have completed the training and demonstrated the competence necessary to provide quality patient care. The ABPN approach is also inherently collaborative. It recognizes the important role played by other organizations that collect objective data about diplomate performance in practice that cannot be directly assessed or obtained by the ABPN. That performance data is needed to determine if diplomates make good on what was documented by the ABPN and actually do provide quality patient care. It is just this type of collaborative effort documenting both ability and performance in lifelong learning that will both reassure patients about the ongoing competence of their psychiatrists and neurologists and also preserve the reputations of ABPN diplomates in the process.

At my presentations I also often hear other things, such as: “Your MOC requirements are meaningless!” “Your MOC requirements are too burdensome!” “There is no proof that your MOC requirements improve the quality of care for patients!” “I am a good doctor and I don’t need to do MOC!” “You are only making us do MOC so that you can make money off of us!”

To be sure, there are elements of truth in some of these complaints. It is true that the research base demonstrating the positive effects of MOC requirements on patient care, while expanding, is still not robust, and few physicians like to be told what they must do to demonstrate that they remain competent to provide quality patient care.

Some of the complaints about the ABPN MOC requirements, however, are less legitimate. For example, the ABPN receives monthly reports from State Medical Boards detailing that a number of its diplomates have not performed in a professional and/or competent manner. It is also well known that the performance of many professionals, including physicians, tends to deteriorate over time, unless those professionals make a concerted and focused effort to maintain their competence. It has also been established that many physicians are not able to adequately assess their own performance, and that those least able to do so tend to be the least competent and most confident. Finally, despite charges to the contrary, the ABPN actually loses money on its MOC Program. Developing reliable MOC examinations for 13 specialties and subspecialties, many with few candidates, is a complex and expensive process. Unlike some other ABMS Member Boards, the ABPN has purposely decided not to create and sell MOC products such as self-assessment activities, CME study guides, or quality improvement modules. We believe that doing so would be a conflict of interest, and we have left the development of such products to professional organizations and others in the field.

Those who argue most vigorously against MOC also tend to ignore or discount a couple of other bothersome facts that set the scene for much of what is happening today in medicine. First, we must recognize the exorbitant cost of medical care in the U.S. and the effect that cost is having on federal and state budgets and on patients and their families. Second, we must also recognize the evidence suggesting that what citizens receive for all they spend on medical care may not be that good. Medical errors, patient safety problems, inappropriate care, and inadequate and inequitable access to care are just some of the problems the public and their advocates and representatives are hearing about what is happening in our health care system. Right or wrong,
and like it or not, physicians are seen as the “Captains” of our medical ship. When that ship appears to be running aground, it is logical that many will turn their sights on those they believe to be at the helm and begin to question their competence. It is also logical that many will then raise questions about what medical regulatory organizations like the ABMS Member Boards have been doing to assure that those same “Captains” have remained competent. After all, the fact that the medical profession has been given the privilege of self-regulation is based upon the covenant the medical profession has made with the public to actually do that self-regulation in a responsible and credible manner.

The ABPN and its sister Member Boards in the ABMS are caught in the middle of a contentious debate. On the one hand, quite understandably, some physicians seem to want to do very little in order to maintain their certification, and some non-ABMS “boards” have arisen in an attempt to respond to the desires of those physicians. On the other hand, also quite understandably, organizations that credential and pay physicians want an increasing amount of objective evidence of the ongoing competence of physicians, with federal MACRA and private Pay-For-Performance requirements being perhaps the best examples of such.

So how should the ABPN respond to this ongoing debate? Should the ABPN do as some of its diplomates would like and dilute its MOC Program to the point that it is essentially non-existent? Or should the ABPN do as some outside organizations urge and begin to collect more objective evidence on diplomate performance that might then be used not only to assess diplomate competence but to also grade and differentially pay those diplomats?

After considerable discussion over many months, the ABPN has decided to take a middle road that fully supports neither position in this debate. To that end, the ABPN has designed its four-part MOC Program requirements so that they are credible enough to meet the 2015 ABMS MOC Standards and yet flexible enough to address the major concerns of its diplomates. The ABPN believes strongly that its MOC Program must be in line with the ABMS MOC Standards to avoid the risk of undermining the value of ABPN certification that our diplomates have worked so hard to attain and maintain. The ABPN has made every effort to collaborate with its diplomates and its allied professional organizations in order to identify constructive changes to its MOC Program so as to make it as flexible, meaningful, and relevant to diplomates as possible. As mentioned earlier, the ABPN also recognizes that other institutions and professional organizations have important roles to play in diplomate lifelong learning, and it gives diplomates MOC credit for any legitimate continuing education and quality improvement activities they already do in their institutions and professional organizations.

As it has done in the past, the ABPN will continue to make constructive changes in its MOC Program. Those changes will be based upon feedback from diplomates and professional organizations about what is working and what needs to be modified to make MOC requirements more meaningful and realistic. Working together in a spirit of positive collaboration, I am confident that the ABPN, its allied professional organizations, and its diplomates will be able to craft a credible MOC Program that provides the public with meaningful information about diplomate ongoing competence and also strikes an appropriate balance between what diplomates can reasonably do and what is desired by those organizations that credential and pay for their services.
2016 Computer and Oral Examination Results

- The ABPN administered 34 computer-based specialty and subspecialty certification and maintenance of certification (MOC) examinations in 2016 (some examinations had two administrations).
- In addition, 28 combined MOC examinations were administered to 347 ABPN diplomates.
- About 7,810 ABPN computer-based examinations were administered at Pearson VUE testing centers.
- The certification examination in Neuromuscular Medicine was administered to 86 ABPN diplomates and three American Board of Physical Medicine and Rehabilitation diplomates.
- The maintenance of certification examination in Neurodevelopmental Disabilities was administered to two ABPN diplomates and three American Board of Pediatrics diplomates.
- Three additional subspecialty examinations and two additional subspecialty maintenance of certification examinations were administered by other ABMS boards.
  - The American Board of Anesthesiology administered certification and MOC Pain Medicine examinations; 17 ABPN diplomates sat for certification and 14 sat for MOC.
  - The American Board of Physical Medicine and Rehabilitation administered the certification examination in Brain Injury Medicine to 58 ABPN diplomates.
  - The American Board of Internal Medicine administered the certification examination in Hospice and Palliative Medicine to 22 ABPN diplomates and the MOC examination in Sleep Medicine to 17 ABPN diplomates.
- The last two Child and Adolescent Psychiatry oral examinations were held in Baltimore, MD and Chicago, IL. Of the 20 candidates who took the oral examinations, 18 passed.

<table>
<thead>
<tr>
<th>Examination Type</th>
<th>Examination</th>
<th>Number Passing</th>
<th>Number of Candidates</th>
<th>Percent Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>Psychiatry Certification</td>
<td>1465</td>
<td>1859</td>
<td>79%</td>
</tr>
<tr>
<td>Certification</td>
<td>Neurology Certification</td>
<td>644</td>
<td>837</td>
<td>77%</td>
</tr>
<tr>
<td>Certification</td>
<td>Child Neurology Certification</td>
<td>133</td>
<td>175</td>
<td>76%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Addiction Psychiatry</td>
<td>166</td>
<td>168</td>
<td>99%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Brain Injury Medicine*</td>
<td>47</td>
<td>58</td>
<td>81%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Child and Adolescent Psychiatry - Certification</td>
<td>408</td>
<td>525</td>
<td>78%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Child and Adolescent Psychiatry - Oral</td>
<td>18</td>
<td>20</td>
<td>90%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Epilepsy</td>
<td>477</td>
<td>526</td>
<td>91%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Geriatric Psychiatry</td>
<td>136</td>
<td>164</td>
<td>83%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Hospice and Palliative Medicine*</td>
<td>17</td>
<td>22</td>
<td>77%</td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Neuromuscular Medicine*</td>
<td>80</td>
<td>86</td>
<td>93%</td>
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<tr>
<td>Subspecialty</td>
<td>Pain Medicine*</td>
<td>15</td>
<td>17</td>
<td>88%</td>
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<tr>
<td>Subspecialty</td>
<td>Vascular Neurology</td>
<td>175</td>
<td>180</td>
<td>97%</td>
</tr>
<tr>
<td>MOC</td>
<td>Psychiatry</td>
<td>1654</td>
<td>1681</td>
<td>98%</td>
</tr>
<tr>
<td>MOC</td>
<td>Neurology</td>
<td>715</td>
<td>737</td>
<td>97%</td>
</tr>
<tr>
<td>MOC</td>
<td>Child Neurology</td>
<td>81</td>
<td>88</td>
<td>92%</td>
</tr>
<tr>
<td>MOC</td>
<td>Addiction Psychiatry</td>
<td>84</td>
<td>92</td>
<td>91%</td>
</tr>
<tr>
<td>MOC</td>
<td>Child and Adolescent Psychiatry</td>
<td>357</td>
<td>371</td>
<td>96%</td>
</tr>
<tr>
<td>MOC</td>
<td>Clinical Neurophysiology (General, EEG, EMG)</td>
<td>89</td>
<td>95</td>
<td>94%</td>
</tr>
<tr>
<td>MOC</td>
<td>Forensic Psychiatry</td>
<td>72</td>
<td>80</td>
<td>90%</td>
</tr>
<tr>
<td>MOC</td>
<td>Geriatric Psychiatry</td>
<td>146</td>
<td>150</td>
<td>97%</td>
</tr>
<tr>
<td>MOC</td>
<td>Neurodevelopmental Disabilities*</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>MOC</td>
<td>Pain Medicine*</td>
<td>9</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td>MOC</td>
<td>Psychosomatic Medicine</td>
<td>97</td>
<td>117</td>
<td>83%</td>
</tr>
<tr>
<td>MOC</td>
<td>Sleep Medicine*</td>
<td>17</td>
<td>17</td>
<td>100%</td>
</tr>
<tr>
<td>MOC</td>
<td>Vascular Neurology</td>
<td>101</td>
<td>113</td>
<td>89%</td>
</tr>
</tbody>
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*ABPN only
### ABPN Diplomates With Time-Limited Certificates Who Maintain Certification

<table>
<thead>
<tr>
<th>Specialty/Subspecialty</th>
<th>Diplomates with Time-Limited Certificates</th>
<th>Number Recertified</th>
<th>Percent Recertified as of 12/31/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Neurology</td>
<td>600</td>
<td>542</td>
<td>90%</td>
</tr>
<tr>
<td>Neurology</td>
<td>5,037</td>
<td>4,527</td>
<td>90%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>13,261</td>
<td>11,093</td>
<td>84%</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry*</td>
<td>2,279</td>
<td>1,887</td>
<td>83%</td>
</tr>
<tr>
<td>Addiction Psychiatry</td>
<td>1,959</td>
<td>993</td>
<td>51%</td>
</tr>
<tr>
<td>Clinical Neurophysiology</td>
<td>1,629</td>
<td>98</td>
<td>61%</td>
</tr>
<tr>
<td>Forensic Psychiatry</td>
<td>1,594</td>
<td>930</td>
<td>58%</td>
</tr>
<tr>
<td>Geriatric Psychiatry</td>
<td>2,823</td>
<td>1,577</td>
<td>56%</td>
</tr>
<tr>
<td>Neurodevelopmental Disabilities**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Neurophysiology Fellowship trained</td>
<td>1,629</td>
<td>98</td>
<td>61%</td>
</tr>
<tr>
<td>Forensic Psychiatry Fellowship trained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric Psychiatry Fellowship trained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurodevelopmental Disabilities**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Medicine*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosomatic Medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular Neurology</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Not required to maintain Psychiatry certification

**ABPN Diplomates Only
Final Child and Adolescent Psychiatry Part II Exam Hosted by ABPN

ABPN examiners John O’Brien, MD, Janice Forster, MD, and Mina Dulcan, MD attended the final child and adolescent psychiatry Part II examination on September 17, 2016 at the Ann and Robert H. Lurie Children’s Hospital of Chicago. The site was hosted by Dr. Mina Dulcan. Two candidates participated and Dr. Steven Cuffe was the team leader.

This marks an end to the oral examinations as a pathway to board certification. The ABPN would like to thank all those who participated in the Part II exams, including examiners, host sites and volunteer patients.

Award Recipients Participate in Poster Session

Previous recipients of the ABPN Faculty Innovation in Education Award summarized their projects and presented electronic posters at the Fall 2016 ABPN Board Meeting in Chicago.

The ABPN Faculty Innovation in Education Award is presented yearly to psychiatrists and neurologists 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.

Ambassadors Reinforce MOC Messages to Professional Groups

The ABPN has benefited from the work of more than 40 trained volunteer diplomates in 2016 who communicated a consistent positive message about MOC and lifelong learning to professional organizations, group practice settings and other groups.

Thank you to the following psychiatrists and neurologists:

**Psychiatry Ambassadors:**
- Carol Bernstein, MD
- James Boehnlein, MD
- Melissa Buboltz, MD
- Carlise Chan, MD
- Josepha Cheong, MD
- Kristen Dunaway MD
- Steven Epstein, MD
- Richard Frierson, MD
- Rita Hargrave, MD
- Christopher Lange, MD
- Mary Lu, MD
- Barbara Lubrano Di Ciccone, MD
- Gail Manos, MD
- Annette Matthews, MD
- Elinore McCance-Katz, MD, PhD
- Aida Mihajlovic, MD
- Sahana Misra, MD
- Jonathan Morris, MD, MPH
- Sandra Sexson, MD
- G. Richard Smith, Jr., MD
- Susan Stagno, MD
- Marcia Verduin, MD
- Arthur Walaszek, MD
- Mitzi Wasserstein, MD
- Linda Worley, MD

**Neurology Ambassadors:**
- Harold Adams, Jr., MD
- Jose Biller, MD
- Stephen Conway, MD
- Patricia Crumrine, MD
- Charles Flippin, II, MD
- Nestor Galvez-Jimenez, MD
- Linda Hershey, MD
- Aatif Husain, MD
- Michael Johnston, MD
- John Kincaid, MD
- Brett Kissela, MD
- Robert Pascuzzi, MD
- Marc Patterson, MD, MBBS
- Philip Pearl, MD
- Patricia Penovich, MD
- Alan Percy, MD
- Mark Ross, MD
- Benn Smith, MD
- William Theodore, MD

Pictured from left are Drs Andrew Southerland, Jonathan Smith, Andrea Leep Hunderfund, Jonathan Avery, Robert Golden (advisor), Augusto Miravalle, Ruth Shim, Jill Williams, and Shilpa Srinivasan.
Test Development Committee Chairs Meet to Review Examination Goals and Processes

The ABPN held its first test development committee chair conference in September, with 15 chairs and vice chairs attending the September 23 session and 11 attending the September 30 session. The purpose of the conference was to provide a venue for attendees to meet each other, share their experiences and concerns, and develop consensus on certain test development issues. Dr. Faulkner, ABPN president and CEO, led both sessions and test development staff also participated.

A highlight of the conference was Dr. Faulkner’s summary of the ABPN’s near- and longer-term goals for the certification and maintenance of certification examinations. The participants then deliberated policies and procedures for every major step in the test development process as outlined in the ABPN Test Development Committee Chairs Handbook. Participants also discussed development of representative committee membership, approaches to the specifications of examination content, newer item formats, and operational support of committee functions. Discussions proved to be intense yet productive, and the participants gained a better understanding of the test development process and of the ABPN’s strategic goals for its examination programs.

Test development committee chairs have several important functions. They manage committee membership, lead the specification of test content and format, preside over committee meetings, and give final approval on examinations. These volunteers and the other committee members are important assets to the ABPN. They become test development experts, and determine the quality of the examinations. Without their efforts, the ABPN could not accomplish its mission to provide valid and reliable procedures for certification and maintenance of certification in psychiatry and neurology.
2016 Crucial Issues Forum Provides Board Perspectives on Maintenance of Certification Programs

The 2016 Crucial Issues Forum, organized by the ABPN, was held April 10-11, 2016 in Chicago. The goal of the forum was for ABPN directors to gain insight and receive feedback from colleagues in the field on needed innovations and improvements to the requirements for the ABPN Maintenance of Certification Program. The meeting was chaired by Dr. Kailie Shaw, ABPN Chair, and representatives from several psychiatry, neurology and child neurology professional organizations participated, along with a select group of diplomates in clinical practice, the ABPN directors and senior staff.

On the first day, Larry Faulkner, MD, ABPN President and CEO, provided background and set the stage for six keynote panel presentations to follow.

Three different perspectives of “The Current Status and Future Directions for Promotion and Documentation of Physician Competence” were presented by:

- Darrell Kirch, MD, President and CEO, Association of American Medical Colleges, presented “Medical Student Education: Establishing the Foundations of Professional Competence.”
- Graham McMahon, MD, MMSc, President and CEO, Accreditation Council for Continuing Medical Education, presented “Promotion and Documentation of Physician Competence.”
- Lois Margaret Nora, MD, JD, MBA, President and CEO, American Board of Medical Specialties, presented “The Current Status and Future Directions for Promotion and Documentation of Physician Competence.”

Next, representatives from three diverse member boards gave presentations addressing MOC innovations from their own perspectives:

- Earl J. Reisdorff, MD, Executive Director of the American Board of Emergency Medicine (ABEM), presented “Alignment as an Innovation”.
- George Wendel, MD, Director of MOC for the American Board of Obstetrics and Gynecology (ABOG), presented the “ABOG MOC Pilot Program”.
- Richard G. Battaglia, MD, FACP, Chief Medical Officer for the American Board of Internal Medicine, presented “ABIM Innovations in MOC”.

On the second day, small group discussions and follow up reports took place, addressing ways to improve ABPN MOC Program requirements.

Three separate groups discussed and reported on a unique aspect the MOC Program:

How to improve the requirements for MOC Part 2 (Self-Assessment and CME)

Suggestions included:

- Add reading of selected articles and completion of Self-Assessment questions to one list of approved Self-Assessment activities.
- Consider how to recognize independent “point of care” self-education as Self-Assessment.

How to improve the requirements for MOC Part 3 (MOC Examination)

Suggestions included:

- Design modular examinations for general specialties that include both general and self-selected subspecialty/focused blocks of questions.
- Provide diplomates with more information about the content of the MOC examination (e.g., publish possible questions in advance).
- Provide diplomates the option to complete multiple Self-Assessment examinations instead of taking a secure examination every ten years.

How to improve the requirements for MOC Part 4 (Improvement in Medical Practice)

Suggestions included:

- Provide more options for private practitioners.
- Increase personalized communication about options.
- Provide specific examples of success for private practitioners.

More information on the 2016 Crucial Issues Forum is available in a separate publication on the ABPN website.
Test Development Committee Names and Members

Addiction Psychiatry
William Haning, MD, Chair
Karen Miotto, MD, Vice Chair
James Berry, DO
Grace Hennessy, MD
Brian Hurley, MD
Eugene Kim, MD
Margaret Kotz, DO
Andrew Saxon, MD

Brain Injury Medicine
David Barou, DO
Jodi Hawes, MD
Michael Jaffee, MD
Gregory O’Shannick, MD
David Ross, MD

Child and Adolescent Psychiatry Certification
Lee Aschermann, MD, Chair
Janice Forster, MD, Vice Chair
Donald Bechtold, MD
Steven Cuffe, DO
Peter Daniolos, MD
Ellen Heyneman, MD
Alice Mao, MD
Kathleen McKenna, MD
Cynthia Santos, MD
David Schoenfeld, MD
* Sandra Sexson, MD
Cynthia Telingator, MD

Child and Adolescent Psychiatry Certification Standard Setting
Paramjit Joshi, MD, Chair
Lee Aschermann, MD, Vice Chair
Janice Forster, MD
Alice Mao, MD
Kenneth Rogers, MD
Amanda Elliott, DO
Lance Feldman, MD
Bennett Leventhal, MD
Clinton Martin, MD
Aradhana Sood, MD

Child and Adolescent Psychiatry Maintenance of Certification
Jeffrey Hunt, MD, Chair
R. Andrew Harper, MD, Vice Chair
Regina Bussing, MD
James Cullinan, DO
Terry Lee, MD
Alvin Lewis, MD
Adair Parr, MD
Julie Sadhu, MD

Child and Adolescent Psychiatry Maintenance of Certification Standard Setting
Jeffrey Hunt, MD, Chair
R. Andrew Harper, MD, Vice Chair
Tami Benton, MD
Regina Bussing, MD
Conuelo Cagande, MD
James Cullinan, DO
Linda Hryhorczuk, MD
Elizabeth Kastelic, MD
Terry Lee, MD
Alvin Lewis, MD
Adair Parr, MD, JD
Julie Sadhu, MD

Child Neurology Maintenance of Certification
John Bodensteiner, MD, Chair
Nina Schar, MD, PhD, Vice Chair
Elizabeth Bebin, MD
Patricia Crumrine, MD
Kara Lewis, MD
Jonathan Mink, MD, PhD
Shannon Standridge, DO
Ann Tilton, MD

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Nina Schar, MD, PhD, Vice Chair
Elizabeth Bebin, MD
Debra Byler, MD
Patricia Crumrine, MD
Kara Lewis, MD
Gautam Popli, MD
Shannon Standridge, DO
Ann Tilton, MD

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Ioannis Karakis, MD
Adriana Palade, MD
Mark Quigg, MD, MS
Devon Rubin, MD
Linda Selwa, MD
Jimmy Tavee, MD

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Patricia Crumrine, MD
Kerry Levin, MD, Vice Chair
Ritu Bagla, MD
David Dunn, MD
Patricia Penovich, MD
Joseph Serven, MD
William Theodore, MD

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Liza Gold, MD
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Donald Meyer, MD
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Elizabeth Santos, MD, Vice Chair
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Ariel Gildengers, MD
Helen Kyomen, MD
Cindy Marshall, MD
Irene Ortiz, MD
Shilpa Srinivasan, MD

Hospice & Palliative Medicine
** Thomas Strouse, MD

International Examination - U.S.
George Keepers, MD, Chair
Michael Aminoff, MD
Beth Ann Brooks, MD, MS
Jasvinder Chawla, MD
Irvong Kuo, MD
Paul Leung, MD
Gail Manos, MD
Vctor Reus, MD
James Shore, MD

Neurodevelopmental Disabilities
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John Bodensteiner, MD, Vice Chair
Peter Blasco, MD, *
Keith Coffman, MD
Sandra Friedman, MD *
* Madar Jalpur, MD
Amy Newmeyer, MD *
* Max Winzlifter, MD

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Behavioral Neurology, Cognition, and Psychiatry Subcommittee
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Anna Barrett, MD
Julie Fudge, MD
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Marc Patterson, MD, MBBS
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Allison Brashem, MD
Zeina Chemali, MD, MPH
Blair Ford, MD
Julie Hammack, MD
Matthew Jensen, MS
Michelle Mauermann, MD
MaryAnn Mays, MD
Luis Mejico, MD
Maria Sam, MD
Christopher Skidmore, MD

Neuromuscular Medicine
Janice Massey, MD, Chair
Noor Pirzada, MD, Vice Chair
Emma Ciafalonì, MD
William David, MD, PhD
Janak Doshi MD **
Shawn Jorgensen MD **
Lawrence Robinson MD, **
Jayashri Srinivasan, MD, PhD
Gil Wolfe, MD

Pain Medicine ****
Julie Hammack, MD
Christina Herring, MD
Sheryl Johnson, MD
Raphael Leo, MD
Manu Mathews, MD
Paola Sandeman, MD, PhD
Brian Wainger, MD
Ajay Wasan, MD
James Watson, MD

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Christopher Thomas, MD, Vice Chair
Joseph Bloom, MD
Patricia Crumrine, MD
Daniel Larriovere, MD
Andrea Leep Hunderfud, MD
Deepak Prabhakar, MD, MPH
Laura Roberts, MD
Susan Stagno, MD

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Joan Anzia, MD
Timothy Dellenbaugh, MD
Brian Evans, DO
Martin Guerri, MD
Charlotte Ladd, MD, PhD
Roomana Sheikh, MD

Basic Neurology and Neuroscience Subcommittee
George Keepers, MD, Chair
Sepideh Bajestani, MD
Amelia Dubovsky, MD
Jordan Eisenstock, MD
W. Curt Lafrance Jr, MD, MPH
Margo Lauterbach, MD
David Spencer, MD

Clinical Psychiatry Subcommittee
Jeffrey Lyness, MD, Chair
Christopher Cargile, MD
Josepha Cheong, MD
Crystal Clark, MD
Anne Gross, MD
Mary Hansen, MD
Stephen Kramer, MD
Robert Pary, MD
Ilisse Perlmuter, MD
Roman Rodriguez, MD
Mitzi Wasserstein, MD

Psychiatry Maintenance of Certification
Robert Ronis, MD, MPH, Chair
Parajit Joshi, MD, Vice Chair
Peter Buckley, MD
Barry Carlton, MD
Maria Caserta, MD, PhD
Karen Dawkins, MD
Pias Geyer, MD
Alan Louie, MD
Barbara Lubrano Di Ciccone, MD
Michael Miller, MD
Andrea Stolar, MD
Matthew Warren, MD

Psychosomatic Medicine
James Levenson, MD, Chair
Steven Epstein, MD, Vice Chair
Maddie Berge, MD
Catherine Crane, MD
Paul Desan, MD, PhD
Maryland Pao, MD
Marcella Piscoualy, MD
Terry Rabinowitz, MD
Peter Shapiro, MD

Sleep Medicine ****
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Bradley Vaughn, MD
Phyllis Zee, MD

Vascular Neurology
José Biller, MD, Chair
Steven Lewis, MD, Vice Chair
Rima Dafer, MD
David Hess, MD
Enrique Leira, MD, MS
James Meschia, MD
Alejandro Rabinstein, MD
Allyson Zazulia, MD
* Diplomate of the American Board of Pediatrics
** Diplomate of the American Board of Physical Medicine and Rehabilitation
*** ABPN liaison to the American Board of Internal Medicine Committee
**** ABPN liaisons to the American Board of Anesthesiology Committee

American Board of Psychiatry and Neurology, Inc.
New Board Members

At the end of 2016 ABPN welcomed two new board members.

Imran I. Ali, MD, FAAN, Toledo, OH

Dr. Ali is a Professor of Neurology at University of Toledo, College of Medicine and is currently the Vice Dean for Undergraduate Medical Education and oversees the entire curriculum of the College of Medicine. As an ABPN Director, Dr. Ali serves on the Neurology Council and on the Disability Accommodations, Finance, Investment, Research and Development, Maintenance of Certification, MOC Examination-Neurology, Epilepsy Certification and MOC Examination, and Professionalism Committees. Dr. Ali is also the liaison to the AES. He did his residency at University of North Carolina at Chapel Hill, where he was also the Chief Resident his senior year. He also did a two year Clinical Neurophysiology and Epilepsy Fellowship at UNC. Dr. Ali is Board Certified in Neurology, Epilepsy and Clinical Neurophysiology through the ABPN. He has served on various committees of the AAN, ACNS and AES. He has also been a member of the Neurology Residency Review Committee of the ACGME. Dr. Ali has been recognized as an outstanding teacher and has been the recipient of many teaching awards including the Deans Award for Teaching Excellence. Dr. Ali is listed in the Best Doctors of America; he also received the Leonard Tow Humanism in Medicine Award twice and was also inducted into the AOA Honor Medical Society.

Josepha A. Cheong, MD, Nashville, TN

Dr. Cheong is a Professor of Psychiatry and Neurology at University of Florida College of Medicine in Gainesville, FL and Assistant Chief, Psychiatry of the Tennessee Valley Healthcare System (TVHS) – Nashville VA Medical Center in Nashville, TN. As an ABPN Director, Dr. Cheong serves on the Psychiatry Council and on the Communications, Finance, Investment, Strategic Planning, Maintenance of Certification, Certification Examination Combined-Clinical Psychiatry Subcommittee, and Geriatric Psychiatry Certification and MOC Examination Committees. She also serves as a delegate to the RRC-Psychiatry. Dr. Cheong specializes in geriatric psychiatry, undergraduate and graduate medical education and training. She is a member of the ACGME Psychiatry RRC. Dr. Cheong has served on numerous committees over the past 20+ years within AAP, APA, and AAGP. She has served as Chair of the APA Scientific Program Committee in 2009 and 2013 as well as Chair of the APA Components – Council on Aging. Within the Department of Veterans Affairs, Dr. Cheong has been actively involved in the national VHA Office of Academic Affiliations and has served as an Associate Chief of Staff/Education at the North Florida/South Georgia VHS. She has been an examination writer for various committees at the ABPN for over 12 years.
Retiring Board Members

Two ABPN board members retired at the end of 2016 after 8 years of service. The ABPN thanks them for their commitment and contributions to the Board.

Kailie R. Shaw, MD, Tampa, Fl, 2016 Chair
Dr. Shaw is Professor Emeritus of Psychiatry at the University of South Florida, where she served as Vice Chairperson for 15 years and served as Interim Chair of the department from April 2014 until the new Chair assumed duties in July 2015. As an ABPN Director, Dr. Shaw served as Chair of the ABPN, and Chair of the Communications, Disabilities Accommodations, Review of Psychiatry Appeals, Irregular Behavior, and Nominations Committees. She was also a member of the Psychiatry Council and served on the Finance, Investment, Faculty Innovation in Education Award, and Strategic Planning Committees. She was also a liaison to the AACAP. Formerly a member of the RRC for Psychiatry and 26th President of AADPRT, Dr. Shaw was appointed to the ACGME’s committee to develop Milestones for Psychiatry. She is a Distinguished Fellow of the APA, the AACP and a member of the ACP. Dr. Shaw served as a Director of the ABFM until 2015 and currently sits on the ABFM Foundation Board. In 2016, she received the Distinguished Service Award from the University of South Florida.

Noor A. Pirzada, MD, Toledo, OH, 2016 Vice Chair
Dr. Pirzada is Professor and Vice Chair of Neurology at the University of Toledo in Toledo, OH, where he has served as Program Director for more than 15 years. He is also Director of the Electromyography Laboratory, the Chemodenervation Clinic and the Neuromuscular Clinic for the University. As an ABPN Director, Dr. Pirzada served as Vice Chair of the ABPN, Chair of the Committee to Review Neurology Appeals, the Neuromuscular Medicine Steering Committee and the Vascular Neurology Steering Committee; Vice Chair of the Neuromuscular Medicine Certification and MOC Examination, and Core Competencies Committees; and liaison to the AAN UCNS. He was a member of the Neurology Council and committees on Disability Accommodations, Finance, Investment, Combined Training Program Oversight, Irregular Behavior, Strategic Planning, and Nominations for 2017 Officers. He has been the recipient of the AAN A.B. Baker Teacher Recognition Award, the AAN CNPD Program Director Award and the Dean’s Teaching Excellence Award at the University of Toledo. He has received the Golden Apple Teaching Award at the University of Toledo on multiple occasions. His special interests include use of Botulinum Toxin in the treatment of various neurological disorders, Myasthenia Gravis and innovation in medical education.

ABPN Invests in Future of Psychiatry and Neurology

By Kailie Shaw, MD, ABPN Director Emeritus

It was an honor and a privilege to be selected to serve on the ABPN board of directors. With it came a heightened awareness of the significance of board certification to the public, to healthcare institutions and to our diplomates. The learning curve was steep and began with a comprehensive orientation package for new directors. The experience involved working very closely with directors, a President/CEO and board staff who believed in continuing education for everyone, including MOC for the directors and President. Key innovators and executive directors of other member boards were invited to policy meetings and shared ideas that served to broaden our thinking about crucial issues. ABPN directors took on additional roles with related organizations including the ABMS, RRC, ACGME and the specialty societies and the board’s debates and discussions were timely and well informed. I was particularly fortunate to have had the opportunity to serve as a director on the ABFM and could appreciate the nuanced differences and similarities between these two groups of physician diplomates.

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ABPN Takes Leadership Role, Balanced Approach to MOC

By Noor Pirzada, MD, ABPN Director Emeritus

As I think about my eight years on the board, my first reaction is – they went by really fast. I guess the saying “time flies when you’re having fun” is true! It was an honor and a privilege to serve on the board and it was always an exciting and interesting time for one reason or another. When I started my term the major challenge facing the board was the increasing influence of outside forces and organizations which threatened to undermine the independence of the boards. However, under the leadership of Dr. Larry Faulkner the ABPN took on a leadership role to successfully thwart this challenge. A number of landmark changes occurred during my time on the board including the phasing out of the oral examinations, the introduction of the continuous MOC program and major changes for the written examination including the introduction of

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ABPN Invests in Future of Psychiatry and Neurology continued

For eight years I enjoyed working with a group of consummate professionals - fellow directors, and board staff led by the President and CEO, Dr. Larry Faulkner. The integrity and discipline necessary to remain focused on a clearly articulated mission, with regular assessment of progress, was the course that was steered through a tumultuous period when lack of information or misinformation fueled the frustration and distrust of diplomates and professional societies. Communication was recognized to be a priority. Resources were applied to building an updated user-friendly website, to offering generationally preferred targeted electronic outreach, and, at the same time, to continuing person-to-person dialogue with diplomates and professional associations at multiple venues by ABPN MOC volunteer ambassadors and by the board. Over my eight years, I saw a growing sense of trust emerge as diplomates and professional societies became less reactive and more willing to provide direct feedback. The work undertaken by professional societies in developing meaningful educational products for their constituents that meet ABPN approved MOC requirements is indicative of a shared commitment to help physicians document their competence and participation in ongoing practice improvement activities.

Before the sun setting of the Part II examinations, groundwork was laid with the RRC for Psychiatry and with AADPRT to maintain clinical interview skills as a necessary requirement for a competent psychiatrist. The attestation of each program’s director is now essential for credentialing to sit for the certification examination. Investment in a dedicated plan to improve computerized examinations for both certification and MOC has begun in earnest. Formal training for question writers, reorganization of work flow through use of electronic technology, an improved multidimensional content outline and review of the question pool are all underway. The test development committees continue to progress with the goal of developing even more reliable and valid examinations to reflect diplomate competence in managing diseases and/or disorders.

I am especially proud of the ABPN’s forward thinking approach in its outreach to the fields of psychiatry and neurology through its sponsorship of the Senior Resident Administrative Fellow Program, the Faculty Innovation in Education Award Program, and the ABPN Research Award Program — all of which are an investment in the future of neurology and psychiatry. Furthermore, the ABPN initiative in convening of Crucial Issues Forums that bring together experts and representatives from key organizations to discuss and gain insight about important issues that we face, has an impact that goes beyond informing the participants and will influence policy decisions beyond the ABPN.

Going forward I am optimistic that the ABPN and its diplomates will forge a strong alliance to ensure relevant, meaningful lifelong learning opportunities that not only demonstrate competence but enhance professional fulfillment. On a personal note, I am immensely grateful to the ABPN for enriching my professional life by allowing me to work with the many outstanding colleagues who served as examiners, on question writing committees, and as directors. The ABPN, with Dr. Faulkner as its president, and the outstanding staff, has shown me how a well run organization functions. I know of few other organizations where reduced expenses translated into lower exam fees for candidates.

My fellow directors have been inspiring in their enthusiasm, honesty, and commitment to making sure that ABPN certification is widely recognized as a trustworthy mark of clinical competence available to the public to make an informed healthcare decision in choosing a psychiatrist or neurologist. Their support and friendship have been invaluable and much appreciated. I thank everyone for a very fulfilling eight years.

ABPN Takes Leadership Role, Balanced Approach to MOC continued

the two-dimensional question pool for neurology, psychiatry and their subspecialties and review of the entire old question pool. Other measures included formal training for all new question writers and online submission and review of questions with enhanced security. The board considers reliability, validity and integrity of its examination examinations a top priority.

During the last two years the unilateral actions of certain boards in changing requirements for MOC have been threatening to undermine the entire process. The ABPN on the other hand has had a very balanced approach to this issue and in response to the demands of its diplomates has made reasonable changes in the process while emphasizing the importance of maintenance of certification in promoting physician competence and quality of care.

I must confess that I feel saddened at the thought of leaving the board and will miss working with Larry and my fellow psychiatry and neurology directors as well as the amazing ABPN staff. I shall always treasure the opportunity of forging friendships and working closely with a gifted and talented group of individuals. I know that I leave the board in great shape and in very capable hands with people who care deeply about what they are doing. My heartfelt thank you to everyone that I have worked with over these last eight years.
ABPN Background and Access to Top Minds in the Field were Valuable Benefits of Spring 2016 Fellowship

By Marc Ettensohn MD, Ketamine Treatment Centers of South Florida, West Palm Beach, FL.

Before I had the privilege of becoming an ABPN Senior Resident Administrative Fellow, I was not expecting the many opportunities for interactions with different professional organizations, like the American Psychiatric Association, American Academy of Neurology, Residency Review Committee, and Accreditation Council on Continuing Medical Education, to name a few; nor did I expect access to some of the top minds in psychiatry and neurology—those fluent not only in medicine, but also in education and leadership.

Of course, throughout the fellowship I learned most about the ABPN. I learned about its structure, its functions, and the historical underpinnings of its prominent roles in the field, as well as newer roles, like educational outreach. Furthermore, seminars provided by Dr. Faulkner and senior staff provided unique and rewarding insights about the present and future of the field. Seminar discussions required different types of critical thinking and generated new ideas about strategic planning, something very critical for all professional medical organizations.

All of this additional education effectively primed me to choose and complete a research project of substantial interest. For my project, I surveyed psychiatry chief residents to first identify trends in decreasing psychiatric subspecialization; secondly, I discerned the likely reasons behind those trends; and finally, I developed conclusions regarding whether or not subspecialty training should be an option in the final year of general psychiatry residency. The project was not only interesting, but also demonstrated the important role of the ABPN in using outreach and gathering evidence to guide future discussion and decision making.

Although I could go on and on about other experiences afforded me in these three short months, I want to emphasize that this fellowship has provided me an added degree of security and knowledge that was unexpected in my current practice. In witnessing (and in some cases participating in) the hard work that goes on behind the scenes, I take real comfort in knowing that the ABPN and other professional organizations will always be there to maintain the high standards of care that we have come to expect in America, even in the face of the ever-changing and ever-growing body of medical and societal complexities that continually challenge us all.
Complexities of Certification and Administrative Side of Medicine Experienced during Fall 2016 Fellowship

By Anthony Fine, MD, Resident, Pediatric and Adolescent Neurology, Mayo Clinic, Rochester, MN

In the Fall of 2016, I had the honor of being the Senior Resident Administrative Fellow of the American Board of Psychiatry and Neurology. Prior to this experience, my knowledge of the role and responsibilities of the ABPN was limited to a superficial understanding of board certification and maintenance of certification. Through this fellowship, I was able to fully appreciate the complexities involved in initial and maintenance of certification from the various areas such as credentialing, test design and administration, scoring, and communication through interactions with staff members.

During the fellowship, I was able to closely interact with the senior staff of the ABPN through seminars in their respective areas which helped educate me regarding the different facets of the organization. I also had the opportunity to attend the ABPN Fall Policy Meeting, the ABMS Organizational Standards Forum, and the American College of Psychiatrists Board Meeting, in addition to attending annual conferences of professional organizations in psychiatry and neurology.

As part of this experience, I developed a research project under the guidance of Dr. Faulkner and senior staff members. This project was a survey of early-career child neurologists aimed at assessing which residency training experiences were the most helpful for their current practice. Additionally, we asked opinions regarding ideal length of child neurology residency training. This work has been submitted for presentation and the goal is to write up the results for publication.

One of the most valuable experiences during this fellowship was the weekly meetings with Dr. Faulkner. Dr. Faulkner provided me with an understanding of the rich history of the board as well as discussions on leadership, academic medicine, literature, current events, and sometimes just life.

This fellowship was an invaluable opportunity for me to experience the administrative side of medicine and to gain a true appreciation of the responsibilities of the ABPN. I truly appreciate having had the opportunity to participate in this fellowship, learning leadership skills that I will carry with me throughout my career, and interacting with leaders in the fields of psychiatry and neurology. This experience will help shape my future as an academic child neurologist and reinforced in me the value of medical education and lifelong learning.
Awards and Honors

Current and former members of the ABPN Board of Directors received several awards in 2016.

**Robert Golden, MD**, ABPN director, received the 2016 Champion Award from the Women’s Philanthropy Council for outstanding advocacy for women at the University of Wisconsin-Madison and was inducted into the Alpha Omega Alpha (AOA) Medical Honor Society and the Phi Kappa Phi Honor Society.

**Steven Lewis, MD**, ABPN director, was elected by the Council of Delegates of the World Federation of Neurology (WFN) to the position of Elected Trustee of the WFN.

**Jeffrey Lyness, MD**, ABPN director, received Special Commendation for Excellence in Second-Year Teaching, awarded by the University of Rochester School of Medicine & Dentistry Class of 2018.

**Nina Schor, MD, PhD**, ABPN director, was elected a Fellow (section on Neuroscience) of the American Association for the Advancement of Science.

**Kailie Shaw, MD**, ABPN director, received the 2016 University of South Florida Distinguished Service Award.

2016 Publications

Several articles written by ABPN staff, former fellows and associated physicians appeared in publications throughout 2016.


2016 Presentations
Throughout 2016, ABPN Directors, MOC Ambassadors and staff contributed their knowledge of both the psychiatry and neurology specialties and subspecialties and the importance of certification and maintenance of certification by engaging in presentations to various groups.

January

March
The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by R. Frierson, South Carolina Department of Mental Health Medical Staff, March, 2016.

The ABPN Perspective on CME and MOC, invited presentation by L. Faulkner, Accreditation Council for Continuing Medical Education Board of Directors, Chicago, IL, March, 2016.

ABPN Update, presented by L. Faulkner, American Association of Directors of Psychiatric Residency Training Annual Meeting, Austin, TX, March, 2016.


April
The ABPN Perspective on Promoting and Documenting Physician Competence, presented by L. Faulkner to the ABPN Crucial Issues Forum on Needed Innovations in MOC, Chicago, IL, April, 2016.

Creation and analysis of a comprehensive, formalized approach to neurology resident clinical skills evaluation: Year 1 feasibility data. Poster presented by R. Thompson-Stone, American Academy of Neurology Annual Meeting, Vancouver, BC, Canada, April, 2016.

Headache education in adult neurology residency: a survey of program directors and chief residents, poster presented by Z.A. Ahmed and L. Faulkner, American Academy of Neurology Annual Meeting, Vancouver, BC, Canada, April, 2016.

May


July
The ABPN Continuous MOC Program: Rationale, Requirements, and Response, presented by L. Faulkner, American Board of Anesthesiology, Chicago, IL, July, 2016.

August

September
The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by L. Russell Pet, American Psychiatric Association Area 1 Council, Lincoln, NH, September, 2016.

October
The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by L. Faulkner, American Neurological Association Annual Meeting, Baltimore, MD, October, 2016.


Maintenance of Certification Information Session, presented by Steven Lewis, MD, American Academy of Neurology Fall Conference, Las Vegas, NV, October, 2016.


November
The ABPN MOC Program: Lifelong Learning for Psychiatrists and Neurologists, presented by R. Ronis, Cleveland Psychiatric Society, November, 2016.

ABPN Specialties and Neurology Subspecialties: Past History, Current Status, and Future Directions, presented by L. Faulkner to Grand Rounds, Department of Neurology, University of Iowa, Iowa City, IA, November, 2016.
ABPN Participation in American Board of Medical Specialties 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 interest groups:

Kerry Levin, MD: Committee on Continuing Certification

Jeffrey Lyness, MD: Health and Public Policy Committee

Victor Reus, MD: Board of Directors for the Accreditation Council for Continuing Medical Education for ABMS

Barbara Schneidman, MD, MPH: Board of Directors

ABPN Staff:
Patricia Janda: ProNet
Catherine Szmurlo: ComNet
Patricia Vondrak: MOCNet
Paul Whittington: ComNet and TechNet

Professional Society Meeting Participation

ABPN staff values the importance of attending meetings of our professional society partners and participating with display tables or booths, in order to meet with and answer questions from our candidates and diplomates. The following organizations were included in the 2016 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 Directors of Psychiatric Residency Training
- American Association of Neuromuscular and Electrodiagnostic Medicine
- American Clinical Neurophysiology Society
- American Epilepsy Society
- American Psychiatric Association
- 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.